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ABSTRACT

Described are the proceedings of the National Citizens Conference on Rehabilitation including brief opening remarks and the text of the keynote address by Whitney M. Young. Topics of reported sessions are the unmet needs of special groups, case finding through public service advertising, environmental barriers and transportation, consumer involvement in rehabilitation, financing rehabilitation services, and delivery of services. Also presented were group discussions and reports by special interest groups on a wide variety of topics, a closing speech by Martin Agronsky, and a conference summary by W. Scott Allan. Appendixes present statistics and further information concerning the handicapped, and a list of conference participants. (JM)

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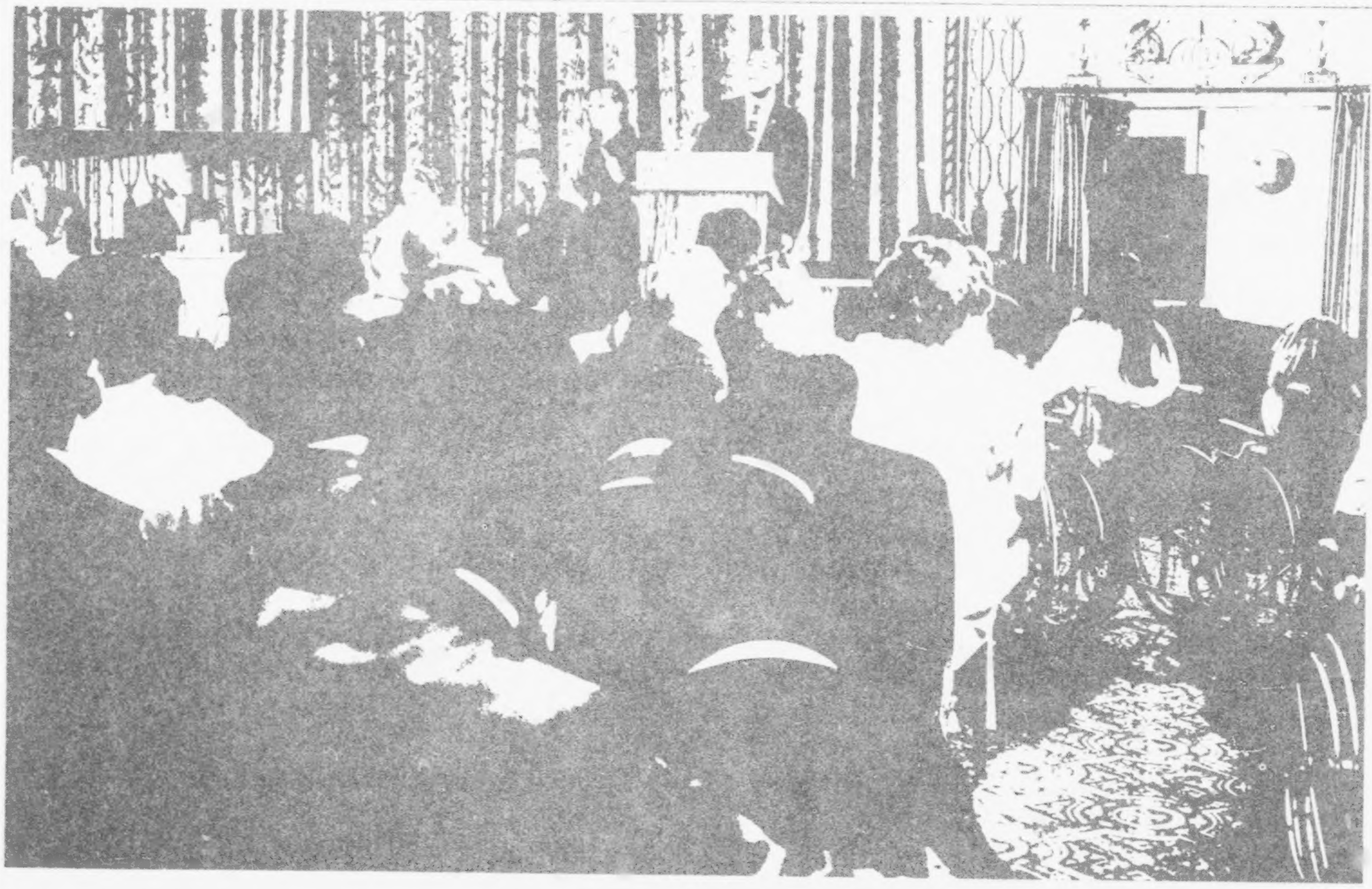
National Citizens Conference on Rehabilitation of the Disabled and Disadvantaged



People Power: A Report of the Conference

Published for the National Citizens Conference by the
Social and Rehabilitation Service
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Washington, D.C. 20201

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Definitions of Terms

One of the first actions of the Conference Planning Committee was to define key terms so that all who subsequently became involved in the Conference activities would know precisely what services were to be considered and what people they were to serve. Some of these definitions were:

Disabled—Refers to individuals *of all ages* who—because of a physical, mental, or emotional condition—are functioning below their potential or face serious problems in working, going to school, keeping house, or other activities normal for their age group.

Disadvantaged—Refers to persons *of all ages,* who— because of barriers to educational, economic or social opportunity and achievement—have serious problems in obtaining suitable education and employment or are otherwise unable to participate fully in American society.

Handicapped—Refers to *disabled* and *disadvantaged* persons as defined above.

Rehabilitation—A process in which the handicapped person, professional workers and others, through a combination of services tailored to meet the person's needs, seek to reduce the effects of the handicap and to help the handicapped person realize his greatest potential.

Consumers of Service—Refers to the disabled or disadvantaged individuals who use, or should have available to them, the services of health, welfare, or rehabilitation programs.

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People Power

A Report of the National Citizens Conference on Rehabilitation of the Disabled and Disadvantaged Held in Washington, D.C., June 24-27, 1969

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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Published for the National Citizens Conference by the

**U.S. DEPARTMENT OF HEALTH, EDUCATION,
AND WELFARE
Social and Rehabilitation Service
Washington, D.C. 20201**

This report covers the major activities of the three-day meeting. Published as separate supplements to the report are five working papers prepared for Conference discussion: "Legal Rights of the Disabled and Disadvantaged;" "Delivering Rehabilitation Services"; "Consumer Involvement in Rehabilitation"; "Financing Rehabilitation Services"; and "The Goal is: Mobility" (dealing with the architectural barriers problem.)

The material in this report and in the five supplements represents the diverse views of individuals and representatives of groups who attended the Conference. The material is published by the Department of Health, Education, and Welfare as a means of passing on the views of concerned citizens to the policymakers, planners, and administrators of service programs as well as to civic leaders and other decision-makers. The contents do not necessarily reflect policies or opinions subscribed to by the Department.

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October, 1969.

The Honorable Robert H. Finch
Secretary of Health, Education, and Welfare
Washington, D.C. 20201

Dear Mr. Secretary:

On behalf of the delegates to the National Citizens Conference on Rehabilitation of the Disabled and the Disadvantaged we wish to express our appreciation for the role of the Department of Health, Education, and Welfare in making this Conference possible.

We believe the meeting itself, as well as the activities of the planning committee which preceded it, have substantially advanced the movement toward greater citizen participation and consumer involvement in both public and voluntary services for the disabled and disadvantaged.

The Department of Health, Education, and Welfare gave an exceptional demonstration of the role of a governmental agency in a democratic society in all of its work with the citizens who organized and participated in the Conference. The results, we believe, will be apparent for many years to come in terms of the greater responsibility assumed by citizens themselves for the effectiveness of service programs.

We hope that the thrust of the Conference toward expansion of all rehabilitation services to meet the needs of both the disabled and the disadvantaged and toward perceptive involvement of the consumer in planning, delivering and evaluating such services can be translated into action in many ways by the Department of Health, Education, and Welfare.

Certainly the Conference report and the imaginative visual aids can be of great assistance to public and private agencies and to citizen leaders in the States and communities.

We especially wish to express our appreciation for the leadership and inspiration we received from Miss Mary Switzer, Administrator of the Social and Rehabilitation Service. Her contribution to the success of the Conference is but the latest of the many ways in which she has directly contributed to the restoration of hundreds of thousands of disabled and disadvantaged people to useful productive lives.

Other members of the staff of the Social and Rehabilitation Service also gave us invaluable services—too many to specify in detail. We do, however, want to make special acknowledgment of the services of Mr. Richard A. Grant, Conference Staff Director, and his associate, Dr. Eleanor Poland. The smooth and efficient operation of the Conference activities—from their inception more than two years ago to their culmination in the three day meeting last June—was due in large part to the imagination and energy which Mr. Grant and Dr. Poland gave so unstintingly.

It is a pleasure to present to you the report of this unusual and stimulating Conference.

Sincerely,

Howard A. Rusk,M.D.
Conference Chairman

W. Scott Allan
Co-Chairman of the Planning Committee

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Resolutions Adopted by the Conference

Consumer Representation to be Established by Law

(see also letter of amplification, which is a part of this resolution, on page 89)

WHEREAS, the *Consumers' Caucus of the National Citizens Conference on Rehabilitation of the Disabled and Disadvantaged* believes that one of the major defects of HEW-funded programs consists of the failure to provide legal, recognized procedures whereby the interests, beliefs and needs of consumers can be presented as a matter of right in a full consultative relationship at the pre-policy making level, the establishment of policy, the delivery of services, and the review and evaluation of such programs; and

WHEREAS, the *Consumers' Caucus* believes that one of the concrete results of this Conference should be a positive recommendation to Congress and to the Administration of HEW that such legally recognized procedures be enacted without delay.

THEREFORE BE IT RESOLVED, by the Consumers' Caucus that we call upon the participants of the National Citizens Conference on Rehabilitation of the Disabled and Disadvantaged to adopt these recommendations for legal, recognized procedures for consumer involvement in all phases of HEW-funded services from pre-policy making to a review of the delivery of services by consumers and that legislation by Congress be supported to obtain these rights for consumers, in all HEW-funded programs at the Federal, State, and local level.

BE IT FURTHER RESOLVED, that the procedures for consumer involvement provide for a continuing functional relationship between consumers and such programs and that the cost to consumers of using these procedures be paid for—in per diem stipends—as a part of the administration of such programs.

BE IT FURTHER RESOLVED, that this Conference call upon all public and private agencies serving the disabled and disadvantaged to voluntarily establish within their own agencies such legal, recognized procedures for consumer's rights including consumer representation on policy making boards where they exist.

Expansion of Rehabilitation Programs for Addicts

That the rehabilitation appropriations for narcotic addiction programs be increased from $3 million to $50 million for the designated 50 States.

Massive Attack on Organized Crime

That the United States Congress enact legislation and appropriate funds to wage a massive attack on organized, syndicated crime.

Equalization of Defense and Rehabilitation Funds

That the United States Congress should consider as an ultimate goal the allocation for health, education, and welfare programs an amount not less than is expended for defense.

Adequate Welfare Payments

That welfare grants be increased to an adequate standard applicable to all of the United States.

The above resolutions were unanimously adopted by the conferees during General Sessions.

Conference Highlights

They came from penthouse apartments and spacious gentlemen's farms; they came from the compact, tidy houses and apartments where middle and working class America live; they came from rural shanties and ghetto tenements.

To some, the stench of the prison cell or the pain-laden hospital bed were recent memories; others had just left executive desks in thickly carpeted offices where million-dollar, million-people decisions awaited their return.

For some, daily life is the urban streets and crowds gathering as you shout through your megaphone "This is *our* time; revolution time!"; or lines of desperate people streaming through your shabby office, seeking help when all you can give them is sympathy; or trying to clean a stifling tenement room while your children cry from boredom and hunger; or coping with braces, wheelchairs, canes in a world built for the able-bodied. And for quite a few, yesterday—like today and all the tomorrows ahead—was darkness . . . or silence.

Why did these people—almost 900 of them—come together to spend three days in a Washington hotel to talk about "Rehabilitation for the Disabled and the Disadvantaged?" Even the words sound forbidding, for who likes to think he needs to be "rehabilitated", who wants to label himself "disabled" or "disadvantaged?"

Some said they came out of curiosity; some said they came because they wanted to learn how to help other people; some because they hoped they could tell "the Government" a thing or two. But the reason why all of them came grew more and more obvious as the hours flew by:

They came because they were deeply disturbed about the indifference, the dehumanization, the isolation which has come to permeate our society, making life intolerable for some, unsatisfying for many.

Their coming was, in a way, a response to President Nixon who, in his Inaugural Address had pointed the way: "to go forward at all is to go forward together." In minuscule, for three inspiring days, the country *was* together in a warm human relationship that bridged many external differences.

That it was an experience which no one who attended will soon forget was apparent in their determination, expressed in many ways throughout the Conference, to recreate the experience in communities, in States, in regions.

Brief as the time was, you could almost see people grow and change:

- like the conventional, middle class whites whose hackles rose when a militant black woman interrupted her discussion group leader's opening statement by saying she had no intention of listening to him and his ilk; she had come to tell them things and would leave if she couldn't—and the respect and friendship she won from them before the Conference ended.
- like the Harlem ex-convict, ex-addict who, after hearing a white business man from Alabama describe a program he had started with disadvantaged blacks in his community, exclaimed: "He's the most beautiful cat I ever saw! I never knew a white cat could be like that."

At the opening session, when the once-deaf actress, Nanette Fabray, with voice and incredibly graceful sign language, sang "The Impossible Dream" the audience was moved, yet few then would have predicted that they would see "impossible dreams" come true. But they did. They saw:

- Mary Switzer, Administrator of the Social and Rehabilitation Service, on the very first night, sign the formal agreement with the Industrial Home for the Blind in Brooklyn which gave the Nation its first national center to provide specialized services to people who are both blind and deaf. And when they heard blind and deaf Robert Smithdas acknowledge the agreement in clear and ringing tones, they knew that many individual "impossible dreams" of people who can neither see nor hear could also come true.
- the standing ovation given to Whitney Young who, in his keynote speech, called for a "coalition of the concerned," people who could forget their differences about goals and even about methods and unite in a great crusade to bring about a change in the values and priorities of our society—making the meeting of human needs its first and most urgent business.
- the equally enthusiastic response to Martin Agronsky's challenge, at the closing session, not to let "the kids monopolize the revolution game".
- the "father" of physical medicine himself, world reknowned Howard Rusk, the Conference chairman, and heard him describe how, in less than a generation, a whole new concept—total rehabilitation—had come into being, bringing tens of thousands of "hopelessly" disabled back to normal living.
- hardened criminals, with long years of serious crime behind them—murder, kidnapping, armed robbery—present, with tremendous talent and sensitivity, a play on prison life which they themselves had written, acted, and directed.
- the poised 18 year old lad, eloquently pleading for treatment and prevention, not jail, for drug addicts; knowing whereof he spoke because from the time he was 13 until he was 17, he himself had been a drug addict.

The warm welcomes the conferees received from the Vice President of the United States and from the Under Secretary of Health, Education, and Welfare were other highlights. These key officials brought firm assurances that the improvement of services to the disabled and disadvantaged is a major goal of the present Administration.

The Conference offered an unprecedented opportunity for members of the "power structure" of our society to meet with a cross-section of all America and gain a better understanding of the pressures for making drastic changes in many of the programs and policies which they control. They not only met people from all walks of life, but, via films made especially for this Conference, they lived for a few moments with a family in Appalachia; saw disabled people learning anew how to talk, to walk, to return to useful living despite serious strokes and other disabling conditions; visited a housing and job training program in Greenville, Mississippi, a day care center in Perry, Georgia, and saw people in many other places who have problems and who are coping with some of them in fresh and ingenious ways.

By the personal experience of riding in a wheelchair in a room fitted with the typical equipment of buildings and houses, almost 200 conferees learned how hard it is for disabled people to cope with the barriers our thoughtless society constructs.

Legislators and other public officials who attended the Conference found much discussion of legislative matters especially in the group meetings. Such things as:

- why block grants are preferable to categorical grants
- why grants are spent on irrelevant projects while other needs go unmet
- why continuity of funding, extending beyond one year, would be helpful
- how private funds pooled with public funds can make both go further
- the need for consumer involvement at every level of planning and spending public funds
- the importance of decentralized, multi-purpose services

- how Model Cities programs can mark the beginning of a humanized, service-oriented society.

Many things that were discussed would make a State or Federal legislator feel good—the very obvious benefits that are reaching people because they passed certain laws, made certain appropriations. Other things might have been somewhat disconcerting: the widespread concern that no appropriation had been made to carry out the provisions for vocational evaluations and work adjustment programs authorized by 1968 amendments to the Vocational Rehabilitation Act; the dismay at proposals to lower standards for nursing home care financed with Medicaid funds.

The Conference was brotherhood in action, all the more so because, like real brothers, conferees did not always agree. Some liked, others resented, George Wiley's "demand" for a guaranteed adequate income and the methods the National Welfare Rights Organization is using to reach this and other goals.

Some felt that their own problems received too scant attention. Spanish-Americans—the Nation's second largest minority group—were particularly concerned, but so also were the representatives of groups interested in the problems of the elderly.

Caucuses and special meetings were held and, as a result, resolutions and reports brought to the forefront of Conference attention items that special groups thought had been overlooked, or not sufficiently emphasized, in the program.

Even the issue of consumer involvement, to which the Conference was most strongly committed, created some dissention. The nature of the differences was humorously portrayed in a skit "The Amen Corner of Consumer Involvement," and conferees recognized and laughed at themselves as the actors showed how people who say the same words often do not mean the same things.

What made this Conference so different, so much more dynamic than conferences usually are? Well, as Scott Allan, co-chairman of the planning committee, pointed out at the closing session, it is hard to analyze or summarize "a happening." Among the unusual features which probably contributed however were:

- The Conference was proposed, planned and organized by citizens who were broadly representative of the delegates who attended.
- Arrangements were made to pay full expenses of 110 persons who could not otherwise afford to attend. This assured that the people who most need and use services would have a voice. Although it was not financially possible to give them equal representation with those whose employing organizations paid their way, many felt that they made up in the quality of their contribution what they lacked in numerical representation.
- The extreme freedom and informality of the Conference.

There was a minimum of formal agenda to start with and it was changed to meet fluctuations in the group's interest. The whole climate of the Conference encouraged frank, uninhibited expressions of opinion.

- The extensive use of visual presentations—motion pictures, film strips, two live dramas, and television messages from the Advertising Council's campaign urging the disabled to seek services.
- The special planning to accommodate people with special disabilities: interpreters for the deaf at all of the general sessions and in almost half of the discussion groups; installation of ramps and other alterations in the hotel.
- The limited time devoted to formal addresses and the valuable time (never enough) devoted to small group discussions.
- The focus on action. It was assumed that the delegates had an appreciation of the need, so time was spent on working out possible ways of getting things done. Much of this was in terms of delegates telling other delegates how they got a program started, how they overcame difficulties, what succeeded, what failed.
- The emphasis on followup. Almost every feature of the Conference, and particularly its visual presentations, were planned with a view to having delegates use them as tools for sparking action in their States and home communities.
- The theme of the Conference: "People Power." For everyone realized by the end of the Conference, if not before, that the vast power of the citizenry must be mobilized—and fast—if our democracy is to endure. No headlines, no legislative hearings, no TV programs could equal this Conference in exposing to many of the more affluent conferees the depth of the Nation's social wounds or in making people aware that the hopeful time for treatment is rapidly running out. The sense of urgency created a continuing climate of tense excitement.

Such a Conference cannot really be "highlighted" because almost every minute brought a flash of insight to someone which made that moment a highlight for him or her. If you did not attend, we hope you will seek such insight as you peruse the full report. If you did attend, we hope you will find, between the lines as well as in the lines, reminders that will bring you a fresh appreciation of this memorable experience and a continuing call for you to act.

Welcoming Remarks

Spiro T. Agnew

Vice President of the United States

This Conference is a commitment to America's disabled and disadvantaged.

This Conference is an affirmation of your power to assess the compelling problems of rehabilitation and your ability to find solutions.

This Conference is an expression of democracy at work.

We recognize that knowledge is not the exclusive property of scientists, nor teachers, nor legislators. It is not entrusted solely to the custody of public servants who man the machinery of government.

Knowledge is widely shared among a public that is thoughtful, informed and perceptive of social needs. It is the product of experience as well as education, of experimentation as well as research.

The purpose of this Conference is to take full advantage of your knowledge in making our public social services more responsive to the needs of today. You bring to this Conference ideas that should be shared and opinions that should be heard. Your experience can help us deal more effectively with our problems.

America has come a long way in its quest for economic security, social justice and equal opportunity. But we are conscious that a great deal remains to be done.

Our society is structured upon one great premise—the dignity of the individual. This—in essence—is the American Dream. Your vocation is making this dream come true.

You have chosen to work with those to whom the American dream is all too often a nightmare. You have recognized that for the individual who has less, we must care more.

Where our citizens are inadvertent victims of nature or environment, society must compensate. Where individuals have a less than equal chance, we must create a better than equal opportunity. For the disabled and disadvantaged the road is never easy. But it need not be impossible. The courageous ask only a chance. And it is up to us to provide that chance.

This Conference is first a forum for dialogue. Its program offers an imaginative group examination of the problems of rehabilitation.

How can we strengthen existing services to respond more fully to the needs of the disabled and the disadvantaged?

How can we make the American public more conscious of the plight of the many less fortunate citizens in this nation?

How can we encourage State and local governments to exercise greater initiative in meeting their responsibilities?

How can we improve upon the public and private resources that are committed to rehabilitation?

These are urgent questions for which there are no easy answers.

Your experiences with the problems of rehabilitation are too great for you to expect instant solutions. Yet you recognize that persistence does bring progress.

I am confident that you who are gathered here can pool your knowledge, share your experiences and point the way.

I welcome you in the faith that with your concern as our foundation and your wisdom and vision as our direction, this Conference can mark the beginning of new hope and unparalleled progress.

Howard A. Rusk, M.D.

Chairman of the Conference

I only wish that I could express myself in words as eloquently as my colleague here [the interpreter for the deaf] talks to you with her face, her eyes, and her fingers. Then I could get across to you the things that are in my heart and that I would like to express better than I shall.

First of all, I want to thank the members of the National Citizens Advisory Committee on Vocational Rehabilitation who recommended and sponsored this Conference. Most of them are here tonight but we especially miss three ladies who gave tremendous service to the committee—Mrs. Mary Semans, who has been devoted to this program through the years and who is detained in North Carolina for personal reasons; Dr. Hester Turner, the dynamic National Director of the Camp Fire Girls; and Mrs. Beatrice Burns, the wife of the Governor of Hawaii, who travelled back and forth from Hawaii in her wheelchair to meeting after meeting and gave of herself and her spirit to try to create what we want to share with you and present to you and get from you during this Conference.

There are many unique things about this meeting. It is not a meeting of people who pass the ball of responsibility from Evers to Tinker to Chance. It is not a series of lectures. It is a three dimensional meeting with practically no formal lectures or presentations, where you will see and hear; and feel and participate. You were carefully chosen by invitation because of what we felt that you could give to this meeting. The best way that I can describe the Conference, as I have visualized it, is that it will be a modern counterpart of the New England town hall where all of you will have your say. In the past, there has been far too little consumer participation in deciding upon the needs and the programs and the projections that should receive attention. The consumer is really the core of this meeting.

I could talk to you a long time about 5 million physically disabled people and about the other groups that we do not have figures on, but instead I want to take a few minutes to tell you about my own conception of the growth of the rehabilitation program and how it happened.

The program for total rehabilitation for the physically handicapped grew out of the experience in World War II, when we learned that much could be done for the severely disabled which we just were not doing. To illustrate, let me tell you about paraplegics. Of the 400 paraplegics in World War I, one-half died within six weeks after they got back to this country, and 90 percent were dead within the first year. But in World War II it was different. We had 2,500 paraplegics as a result of combat and they did not die because of antibiotics and better surgical techniques, better knowledge of nutrition and nursing, and other advances. These were boys who had given half of their bodies to their country and who wanted to live the best lives they could with what they had left.

The first rehabilitation program was set up in the Veterans Administration in 1946 with this group of 2,500 World War II veterans. Today 1,780 of the original 2,500 are living in their own homes, driving their own cars, and 1,500 of them are at work in competitive industry. But the caseload did not drop as these men returned to normal living; it rose. For every veteran whose paraplegic condition was the result of military combat there were one-and-a-half other paraplegics to take the bed space because of civilian combat—accidents and disease. When it was discovered that disabled civilians outnumbered disabled veterans by twelve to one, we realized there must be an all out rehabilitation program for our civilian disabled.

There are 5 million hard core, severely disabled persons in this country and I urge you to accept this figure as valid. I have little patience with communities that want to start rehabilitation programs by having a survey. There have been enough surveys to validate the extent of the problem that exists in any community. The original survey was done in New Haven by the School of Public Health of Yale University. They made a house-to-house check in New Haven, which is no different from Sacramento or Colorado Springs or Springfield, Missouri, or Springfield, Ohio. They found that 12 percent of the population, 121 individuals per thousand, were disabled, one-third were under the age of 25, and one-third were so severely disabled that they were home-bound.

Another lesson that the early experience in total rehabilitation impressed upon us was that, in our society today, we do not pay for strength; we only really pay for two things: the skill in your hands and the knowledge in your head. Physical wholeness and ability to compete in our society are not synonymous. In fact, more than a score of studies have shown that properly trained and placed, I repeat *properly trained and placed*, the disabled have a better production rate, a lower absentee rate and nine times less labor turnover than the so-called normal employees. Not surprisingly, as our rehabilitation work progressed, the Congress and the people responded. They began to recognize that rehabilitation was not only good social practice and good health practice but that it was also good business. Miss Switzer and her group in the vocational rehabilitation program have been able to show, over and over, year after year, that for every tax dollar spent for training, $5 comes back to the Federal treasury in income taxes alone the first 5 years. This has been the fundamental and priceless ingredient to bring the program up from a very humble beginning to where we are today.

I cite this history because I think it is basic to a consideration of the larger challenge we face today. I remember when the former Secretary of Health, Education, and Welfare, Mr. Gardner, asked me to discuss with him the reorganization of the Department, including the establishment of the Social and Rehabilitation Service. He said he wanted to inculcate the spirit and the philosophy, but especially the spirit that has made rehabilitation of the disabled so successful, into programs for other people, especially the disadvantaged. He said at that time that the one person he felt could do this was Mary Switzer. I am sure we all would agree with him.

So now you can see how we have evolved; from prevention, to medical care, to physical rehabilitation and then to meeting emotional and social and vocational and educational needs.

To point this up, again in terms of the paraplegics, we began by keeping the patient free from bed sores or other complications. Then we taught him to walk. But then we realized that even this was not enough, if he had such an anxiety that he would not go outside the door. But why meet this problem if he was to be sent home to a third floor walk-up where he would be a prisoner in his own room the rest of his life? So we had to take the last step—to get him back to the best life he could live and the best job he could do. Unless we do that, we have not fulfilled our responsibility.

I cannot refrain from giving you one illustration, from our own Institute, of the results of a total rehabilitation program. Ten years ago, a study was made in two rehabilitation centers on what can be done with traumatic quadriplegics, people who are completely paralyzed and without sensation from the upper chest down. One of the centers got 10 percent of such patients back to some kind of life; the other center got 18 percent. Six years ago, we did a retrospective study of 140 quadriplegics who were in our Institute, primarily youngsters in their teens and early 20's with broken necks caused mainly by athletic and automobile accidents and a few paralyzed from disease. We were delighted and gratified to find that 50 percent were either in school or at work. Last month we finished bringing this study up-to-date for the next 3 years and were most gratified to find that 83 percent were back at school or at work. There are many people in this room who made this possible—through your institutions, your help, your knowledge and because you care.

The wounds that show no scars are really much deeper and more prevalent than the wounds that you see externally. This is being recognized to such an extent that rehabilitation programs are now being called upon to take on a whole new dimension. That new dimension involves applying the same philosophy and the same principles and the same spirit used in rehabilitating the physically handicapped to the rehabilitation of the drug addict, the disadvantaged socially, the felon, the alcoholic, and other people who are the victims of environmental or other handicaps. The problem of how to develop this new dimension must be attacked by us who are here tonight if we are really going to meet our responsibility and the fundamental needs of our families and our children, our friends and our brothers, as citizens in this country. That is what this meeting is about. That is why it is three dimensional. That is why we have to learn from each other, for without you, without your knowledge, and without your help it would be an impossible job.

I predict that the next three days of this Conference will lead to the greatest campaign against disability and disadvantage and misunderstanding that has ever been launched in this country. That is why is it such a wonderful personal experience for me, having worked only on one facet of the problem—the physically and the emotionally disabled—to now be able to participate with you in this great new crusade.

John G. Veneman

Under Secretary of Health, Education, and Welfare

It is a pleasure to be here tonight to bring you greetings from Secretary Finch. The Secretary has asked me to express his regret that he could not be with you in person. For my part, I feel privileged to have the opportunity to welcome you.

This Conference is unique in many ways. It is truly a "citizens Conference." It was conceived by citizens, planned and programmed by citizens, and is being run by citizens—not by big government nor by any single national organization or conglomerate of national or local vested-interest groups. Most important, the consumers of social and rehabilitation services have been involved from the very beginning.

I think they have a lot to contribute if we are going to move forward with rehabilitation services that really get through to the public who must support them as well as to the people who need rehabilitation but have not yet been reached.

You know the figures—there are an estimated 5 million adults who are disabled and could be restored to greater productivity and happiness if they could get rehabilitation services—and some experts suggest that there are really two or three times that number. There are also several million children with significant disabilities or crippling conditions.

Under the dynamic leadership of Miss Mary Switzer, our Social and Rehabilitation Service Administrator, the public Federal-State program of vocational rehabilitation has grown year by year and is now rehabilitating over 200,000 disabled men and women a year to self-support and independent living. We hope soon to double that figure. But that will still be only a small percentage of the total need.

On the other side of the coin is the large group designated as "disadvantaged." They are disabled too, because poverty has walled them into an environment which prohibits them from developing their capacities for personal fulfillment and constructive citizenship.

Federal-State public assistance programs are now helping 10 million of the Nation's poorest of the poor with modest cash allotments and social services; among these are one and a half million families with four and a half million children. The welfare programs, as you know, have not been adequate and various ways of reforming welfare to create a rational and dignified system of income maintenance—combined with opportunities for rehabilitation, training, and employment—are under consideration by the President.

Altogether, there are 22 million people whose annual incomes fall below the poverty level—and, again, some experts say the figure is really higher. So we can see that fewer than half are receiving financial assistance under the present welfare system.

These figures give us some measure of the numerical size of the challenge for rehabilitation of the disabled and disadvantaged. But the *qualitative* scope of the challenge for rehabilitation is something quite different.

"Rehabilitation" is not an easy accomplishment—like "immunization," for example.

You can use mass methods to prevent or correct numerous human problems—but not the problems involved in poverty and disability. Miss Switzer and her colleagues learned this in the vocational rehabilitation program as it was developing many years ago. Success, certainly, has been closely linked with the personalization of rehabilitation plans worked out for individuals with individual and different problems, potentialities, and goals.

Rehabilitation is a process. It is not something done to a person but together *with* him. He has to help.

What we are really concerned with is not only to reduce the effect of a handicap but also to restore something that has been lost. That can be dignity, mobility, the capacity to earn an income, or the capability to care for one's self and one's home. In the case of the needy, it might be all those things plus the restoration of their rights to have something they have never had.

When the National Citizens Advisory Committee on Vocational Rehabilitation reported to the Secretary in 1968, it said that it soon found itself confronted with "a new specialized problem"—the tremendous number of men, women, and children whose handicaps were primarily social, cultural, educational, and economic.

In its Report, the Committee warned against falling into what it called "a conceptual trap." In other words, not to assume that because people are poor they have a lot of things in common, thus making a common, massive problem which can be approached with mass methods.

The Committee made short shrift of this notion by pointing out that the major things which needy people have in common are these: they are people; and they are poor.

We cannot mount a single program to cope with all the needs and problems of poor people because we are dealing with individuals, not with a single category. Their needs are multiple and complex. Not just hunger; not just poor health and education; not just dilapidated housing; not just empty pockets, fatigue, and heavy hearts—but endless variations and combinations of all of these and many other forms of deprivation.

The National Citizens Advisory Committee on Vocational Rehabilitation suggested the concept of what the Committee called "need groupings" among the chronically poor—and this is an idea worth considering; it might bring us closer to attaining, in other programs and services, the personalization which has shaped the success of the vocational rehabilitation program.

In local communities, this would mean looking at particular groupings of needs and shaping specific programs which could lead people successively forward toward helping themselves to greater degrees of independence. Concerned citizens might consider how many people could be helped, for instance, by:

- opening up jobs that are suitable and accessible and offering a wage that is better than a welfare check;
- offering job training and placement for persons who want to work but have no skills for existing employment opportunities;
- finding nearby work for specialized workers;
- providing transportation;
- establishing or improving day care services for the children of mothers who want to work;
- drawing the socially isolated into some kind of community activity.

Our public and voluntary welfare and rehabilitation agencies are trying to do all or some of these things. And, in fact, as you know, 1967 welfare amendments to the Social Security Act have authorized a work incentives program, the purchase of services to extend those the agency can provide with its own staff, the employment of welfare recipients and other needy people in agency programs, and extensive use of volunteers. So we have the beginnings of some potentially valuable new directions.

However, there is an enormous chasm between the formal programs and the spontaneous response of one group of people to the needs of another. I think we need more of this spontaneity, more people-to-people confrontations that cut across economic and social lines and create mutual understanding and trust. It seems to me that this is the cornerstone of rehabilitation in its broadest practical and philosophic purposes.

And now I come to another aspect of this Conference which is unique. It doesn't end when you adjourn.

Most conferences end with the bang of the final gavel concluding the standard summary of the week's activities. But your Conference is just changing its locale—because we hope it is going to go home with each of you, as a package of ideas and inspiration instead of a bundle of papers.

Let me urge each of you to use your inspiration to put your ideas into action when you return home. If you do, we shall have "People Power" indeed—and that is the power needed to affirm the thrust of rehabilitation across the Nation.

Mary E. Switzer

Co-Chairman (with Mr. Allen) Conference Planning Committee

I have a dual role tonight and a very happy one. My first pleasurable duty is to welcome you. As the co-chairman of the Conference planning committee and as one who dreamed over many years of the day when we would translate rehabilitation philosophy and principles into a total service for many people, it is a great joy to see so many people and so many groups participating in this effort.

My second pleasurable role is to announce a vital new achievement in the rehabilitation program—the establishment of the first National Center for Deaf-Blind Youths and Adults.

Only in recent years has much progress been made in the rehabilitation of the deaf. The rehabilitation of the blind has been a little more advanced and has been going on a little longer. But when you combine the disabilities of deafness and blindness, you really have problems that are multiplied many times and there have not been very many people who have had the skill and the commitment to work out ways in which deaf-blind children could be educated in our modern society. Many of you saw illustrations of the difficulties in the great play and movie on the life of Helen Keller. Those of us who knew Helen Keller have of course been inspired by what she accomplished. As an alumna of her college I feel very proud to have known her. I often heard her say that if she had been born 50 years later she could have talked more readily and understood better, but it is hard to imagine that she could have been any more sensitive to the currents of life than she was.

Among the few places committed to the education of deaf-blind children and to the rehabilitation of deaf-blind adults are the Perkins Institute in Watertown, Massachusetts, for the children's programs and the Industrial Home for the Blind in Brooklyn and its affiliates, for the rehabilitation of deaf-blind adults. In these institutions we have seen grow the capacity and the potentiality for accomplishing even more than they have already done.

As the committees in Congress heard about the work of these institutions and learned of the need to do more they became emotionally involved themselves and eager to help. A couple of years ago, they authorized the establishment of the National Technical Institute for the Deaf which was placed in the Institute of Technology in Rochester, New York. They also authorized a high school for the deaf on the campus of Gallaudet College in Washington, D.C. Last year, they authorized the establishment of a total rehabilitation center for the deaf-blind, and later, in another piece of legislation, they authorized an intensive program for the education of deaf-blind children.

There are perhaps not more than about 3,000 deaf-blind adults in the United States—we do not know for sure just how many there are—but, each one presents a problem of immeasurable proportions. Moreover, the recent rubella epidemic has produced some very frightening problems and complicated disabilities in young children that will have to be dealt with in the years ahead.

I believe that this Nation will be better prepared to deal with the problems of the deaf-blind as result of an agreement to be signed tonight. It is an agreement by the Federal Government to pay $600,000 to the Industrial Home for the Blind in Brooklyn, New York, to establish and operate a National Center for Deaf-Blind Youths and Adults.

I would now like to ask Mr. John Finn, the president of the board of the Industrial Home for the Blind and Mr. Peter Salmon, whose inspired work as Director has contributed so much to its success, to come forward and we will sign the agreement. I would also like to ask members of Congress or their representatives who may be here to come forward so that we all can participate in this very important occasion.

W. Scott Allan

Co-Chairman (with Miss Switzer) Conference Planning Committee

The theme of this Conference is "People Power." This is not just a catch-phase but a fact of life in our time. The term reflects the unique nature of this meeting—a conviction that people must be involved in planning for their own needs and that the ability of people to get things done when they understand a need is the most potent force in our society.

You may rest assured that planning a conference of this kind was not easy. The many able people who served on the planning committee, the work groups, the task forces, and the staff initially had honest doubts about the wisdom and, indeed, the possibility, of effective rehabilitation effort for both the disadvantaged and the disabled, of full participation by consumers and consumer groups, of structuring a conference aimed at stimulating action rather than agreement on principles and policy recommendations. But the interaction of the planning participants, abrasive as it was in the early stages, never obscured one central purpose on which all agreed—the critical need for constructive dialogue between consumer and provider of service, between public and private agency representatives, between business and Government, between volunteer and professional.

Our Conference aim is simple in approach. We seek to shock by a graphic portrayal of the need, to stimulate those attending to take or instigate action. There is clearly a need to spark a national commitment to rehabilitation as essential to human development. Each invitee to the Conference has been chosen because he or she represents knowledge, concern and an action potential.

The new dimension of rehabilitation, which the National Citizens Advisory Committee on Vocational Rehabilitation stressed so strongly in its report, is probably the most important reason for this Conference—namely, the building of a broader rehabilitation concept and effort to serve both the disabled and the disadvantaged.

John Gardner, in talking about how society must deal with its frustrations over the kind of world which surrounds us, said that we must be sure that our institutions are capable of "continuous change, continuous renewal, continuous responsiveness." As concerned citizens, we must do more than manage change, we must be instruments of change.

Change is the product of people's sensitivity to need and their determination to achieve. There is a Swahili word, "harambee", which sums up what really accomplishes change—it means "working together." I urge you to seek new pathways for common action in this Conference. Let your hearts be touched by the poignant visual demonstrations of problem areas which you will see in the next three days. Let your minds be stretched to the utmost in trying to develop in your discussion groups new breakthroughs to effective rehabilitation services in your States and communities.

Citizen action, agency reorganization, legislative support, administrative leadership, professional flexibility—these are the best guarantees of change for the better. If this Conference helps to develop a significant partnership for progress in rehabilitation at every level, it will have achieved its goal and will take its place among the benchmark events of our lifetime.

Keynote Address

Whitney Young

Executive Director, National Urban League

I believe that this Nation is on the verge of a great crusade and that you are going to be pioneers in building a new America; an America that will show its greatness by its capacity to be concerned about its people as well as its products.

That is one of the reasons why I accepted the invitation to speak to you even though my staff expressed some doubts about the wisdom of my doing so. They had reservations about the "mix" of the conference, fearing that concern for the problems of the socially disadvantaged might be diluted by mixing their problems with the problems of those who suffer the pains of physical disability. They also raised the question of whether those who have been members of organizations concerned with physical disability have always been as relevant and as outspoken as they should have been about the problems of the socially disadvantaged. But, as I pointed out to them, the man who sells hairdressing does not bother to go to a convention of bald-headed men. I want to see you far more than you want to see Whitney Young. I need to see you, not because of what you have done, but for what you can do.

I came here because I see in this Conference the potential for unleashing a whole new national effort, not for technology, not for industrialization, but for the social and human values which are basically so foremost in our Constitution and in our Judeo-Christian ethic.

Not so long ago, a group of miners found themselves entombed in one of the Kimberly diamond mines. Surrounded by unlimited riches, they slowly met their death. Starving for food, thirsting for water, and in need of spiritual comfort, to them the diamonds were worthless. Their plight was somewhat comparable to that of Americans today. We are skilled in the art of making war; we are unskilled in the art of making peace. We are proficient in the art of killing; we are ignorant in the art of living. We probe in a most impressive fashion the secrets of space and atomic energy, but we all too often reject the Sermon on the Mount and the Golden Rule. Somehow, in our broad scheme of things, there must be developed a greater appreciation for human values or else we, as a society, will surely find ourselves entombed to our death in our diamond mine of materialism.

It is well that we are concerned today about America. A sense of urgency must somehow pervade all thinking people in our society. For at a time when we enjoy unprecedented affluence on 40% of the gross national product of the entire world, at a time when we are at an industrial and technological height and are sending a man to the moon—an accomplishment once unimaginable to even the most adventurous soul—it is a sad commentary that we find ourselves concerned and frustrated, if not already bitter. We feel this way because we are in the midst of conflict: between young and old, between white and black, between management and labor. At a moment when we, if any country, should have internal peace and international respect, we find ourselves concerned about crime in the street and violence; we find ourselves almost the object of ridicule to people in other parts of the world. And so it is well that we reflect on where we stand on the human values that are indicative of whether we are truly a civilized people.

I wish to commend HEW Secretary Finch and certainly Miss Mary Switzer who, with her usual modesty, would not assume the credit but who I know was in there pushing for this kind of Conference. I am pleased that it brings together a whole broad spectrum of people: people who are the casualties and victims of a society that has in many ways been indifferent; people in government; people from voluntary agencies and from the business community; black people and white people and people of different religious beliefs.

I would hope that all of you would join together to form a coalition, based on the recognition that your similarities are far greater than your differences. Whether you come into this room in a wheelchair or whether you come in this room black, or whether you come here as an affluent American, basically you come here today because you are concerned. This is what ties us together.

We must not let this meeting become a kind of therapy which permits us to go home, or back to our organizations, feeling that we have done enough merely by attending. This meeting would do a great disservice if it produced that attitude. The purpose of this meeting is to stimulate us, to trigger us into a kind of coalition of concern that transcends what I regard as minor differences. For beneath the color of our skin, beneath the broken bones, beneath the disturbances in our physical or mental lives, our hearts beat with a common concern. That is why this meeting can be the beginning of a great crusade.

It will not be easy. Only the most naive optimist could fail to acknowledge that those of us with a social concern face a special challenge during this period of time. It is a challenge that comes clear to us as we witness the elections in Los Angeles, Minneapolis, New York City; as we witness the Nation focusing upon symptoms rather than upon causes. We recognize that we have no choice but to acknowledge the uniqueness of the challenge.

The challenge is unique today because black people are unique. And if I seem to be more preoccupied with blacks than with other minorities, let me hasten to assure you that it is not because I am unmindful of the problems of other minorities—the Puerto Ricans and my brown Mexican-American brothers in California who struggle in the fields picking grapes. But I do believe that if we can somehow get Americans over this hang-up about blacks, progress will also be made in dealing with the problems of other minority groups.

Blacks are unique because we are the only involuntary immigrants to this country. We are unique because we suffered over 200 years of slavery which consciously and deliberately separated our families and destroyed all family life. We are unique because we were given a Constitutional status of such a nature that even Thomas Jefferson saw no inconsistency in working on the Declaration of Independence while a slave fanned him—you have all seen the picture of that scene many times.

We are in trouble as a country because the have-nots are aware of the difference between their status and the status of other people. Not only are they aware of the difference in status, but they are aware of the causes. They know that they are not the victims of a congenital inferiority. They are the victims of an historically callous and indifferent society. They know that their plight is not dictated by God but by man. Furthermore, they are fully aware of the methods others have used to release themselves from the bonds of suppression. They have read the history of the American Revolution. They have read about how, in the 1700's Britishers sat around in their pubs in England and sympathized with the goals of Americans but questioned the methods being used to attain them. This is what I call the "mixed-feeling syndrome" and it is prevalent in America today.

"I am all for your goals and your objectives. But I am not quite sure of the methods you are using." This is said by women, who seem to have forgotten that women, under the leadership of Susan B. Anthony, threw bricks through windows and chained themselves to polling places in their efforts to get the right to vote. It is said by rank and file union members who overlook the fact that organized labor introduced the whole system of picketing and boycotting and demonstrating and violence. Some labor strikes in the early days would make the current civil rights violence seem like a picnic. It is said by white Americans whose families benefited from the New Deal programs in the depression and whose ancestors had been given 40 acres and a mule. It is said by farmers, yet in the early 1930's when they were threatened with foreclosures, farmers physically attacked the bankers who tried to take away their farms.

Also prevalent today is the "I made it, why can't they?" syndrome—the kind of thinking that is reflected on the bumpers of cars and stickers that say "I fight poverty, I work," or "Love America or Leave It". This kind of symbolistic and dishonest presentation of the problems of our time, reflecting amnesia rather than intelligence, explains why I hope that we are met here to tell it like it is and to be honest with ourselves.

I would like to identify two or three things that I think are crucial. If this Conference experience is to be meaningful, we must start out believing:

- that all people want to be self-sufficient and independent;
- that no man basically wants a handout;
- that every man, wherever you find him, whether he is a poor white in Appalachia, or a coolie in China, a native in Africa, or a dweller in a Harlem slum, has beneath his skin the same desire and hope for freedom, for dignity, for self-sufficiency as anybody else.

Unless we honestly believe this, we might as well quit and go home now.

We must also recognize that our government in fact supports most Americans. The support is called a "research grant" or a "defense contract" when it goes to universities and industries; when it goes to the poor, it is called a "dole" or "welfare". It is called "subsidy" for the rich, a "handout" for the poor. Moreover, the money that goes to the poor does not begin to compare with the amount that most professors and most bankers and most corporations get out of the Federal government.

Another thing I would urge you to understand and accept is that in reality nobody is totally disadvantaged and nobody is totally advantaged. Probably some of the greatest cultural deprivation today takes place in the lily white, sterile, bland, antiseptic ghettos of our communities. Although the world is 75% nonwhite, the kids who live in these ghettos have exposure only to other white kids. I am really sympathetic and concerned about, if not actually frightened by, the people who grow up in such neighborhoods. They are not prepared for the kind of world in which we live because all they get from their environment is sameness and mediocrity. Nothing creative comes out of it. That's why the kids leave Greenwich, Connecticut and go to Greenwich Village.

For too long, we have thought of poor people, physically handicapped people, and minorities—whether black, Puerto Rican, or Mexican American—as having only pathology. If we believe this, we will never begin to rehabilitate. Unless we can somehow cut through the notion that all they bring to society is a set of problems and that they bring no strengths, we have lost the first step in rehabilitation. The first step in rehabilitation is to look at any human being and see something positive, see something good. If you look for life style, if you look for the cut of the cloth, if you look for the number of degrees behind the name, then you are lost. But if you cut through such things and look at a heart and a soul, qualities of compassion and of empathy, and some new life styles, then you begin to say: "Well, maybe they can give me something." And they can.

It is only to the degree that black people in America become integrated that they have problems of suicide. It is only as we blacks reach despair and hopelessness that we let the syndicate force dope on our people. We develop some of the problems of middle class society only as we come in contact with the so-called superior civilization. To the degree that America seeks from its minorities, not complete absorption culturally, but exchange, our society will be that much better off. To the degree that we can recognize that a poor black mother, raising four children on a poverty wage in a rat-infested hovel, may have more strength, more creativity and more imagination than do people who make $100,000, we can begin to rehabilitate.

Black people in this country—and I think historians of the future will record this—are not to be damned and condemned because, after 350 years, they are angry and mad and sometimes even violent (like the suffragettes, like the labor union members, like white Americans in the Civil War). I think we are going to go down in history as a people to be commended for the fact that for 350 years, in spite of the humiliation and discrimination, we maintained a loyalty to this country and a faith in its system. We still believe that some day Americans will overcome their concern with the deepness of a sun-tan and begin to look at a man's heart. Our loyalty and faith is going to be the great story of history. No race of people ever believed so long under such trying conditions.

In the Urban League, we try to demonstrate what this society could do for black people. We have a program called "Street Academies", we have another called "ABLE"; another one called "FINE". We claim that the educational institutions of our society are not doing the job they could do and, in a new program in Harlem, we have set out to prove it. We have taken kids whom the New York schools had pushed out as uneducable and given them tender, loving care, with teachers who have heart as well as head.

I am delighted to announce to you that 70 graduates of our Harlem prep school this year are now in college. These are the kids they said were uneducable. We took them from heroin and Harlem to the halls of Harvard because we gave them teachers—white as well as black—who really cared about children.

Recently, I asked one of the youngsters: "How can you talk about all black teachers when you also have white teachers?"

"Well Mr. Young," he said, "my teacher isn't white, she's nice."

All of his life that kid had known white people—merchants, landlords, ofttimes the police—who were not nice to black people and he had sort of assumed that bad treatment and white skin went hand-in-hand. So when a white person who cared came along, he said "she's not white 'cause she's nice."

This is a period when you can cop out, when people who have made it can look at blacks and other disadvantaged people and say "I am disenchanted." You hear that from the highest places. Just recently we heard from a very high place the statement—made as a comment on the elections in California, Minneapolis and New York—that Americans are sick and tired of lawlessness and violence; that they are "fed up to here". Well, let me speak for black Americans on this point. We are sick and tired of being sick and tired. We are also disturbed about lawlessness and violence. We are the greatest victims of lawlessness and violence in our own communities. But we are concerned about more than the destruction of a building, a thing of brick and mortar. We are concerned about the destruction of human lives, the violence that is done a human personality and the spirit of a man when he cannot get a job or when he is forced to rear his family in a rat-infested hovel. The brick we can put back; the soul we cannot put back. Yes, we're fed up too. We're fed up with politicians who don't talk about the sources of lawlessness and violence: the syndicate and the Mafia. If either Mr. Procaccino or Mr. Marchi becomes mayor of New York and really wants to take on lawlessness and violence, he will start with the Mafia. Seventy-five percent of all the crime in Harlem today can be traced to dope, to prostitution, to numbers. And who operates those rackets? It's the Mafia downtown. Take on the Mafia if you are concerned about lawlessness and violence. Black people are not violent. If we had been a violent people, we could have been violent long before now—or else we have the longest time fuse known to man.

It may come as a surprise, but it is really white people who are violent. It was white persons who killed John and Robert Kennedy and Martin Luther King. It was white people who lynched a documented 8,000 black people, who buried others alive. It was white people who decided on Viet Nam; it was white people who decided on the Civil War and the American Revolution. It was not black people who fought the banning of arms, it was the American Riflemen's Association and they're not black—they're white. So are the ladies in the suburbs who are taking marksmanship practice to "protect" themselves.

White people in American society, present company excluded, have a neat way of disassociating their crazy-acting kids from other white kids. They never call them white; they call them "hippies" and "yippies" and "SDS students", but they never call them white. For example, a typical newspaper report on a student riot will say it was "triggered by black militants and SDS students," never mentioning that the SDS students are white. Only when they shave off their beards, cut their hair and put on a black, I mean gray, flannel suit, are they white kids again. If the day ever comes when those who call for suppression, those who say "we've had it up to here" have to look down the muzzles of guns held by people who really want to destroy our society, do you know whom they will see? Not black people, not white kids from Appalachia, but their own sons and daughters. For it is those sons and daughters today who are sick and tired of a society that lives a lie. Our society promised to be a melting pot; said "Send me your tired and your poor and your homeless, longing to be free"; developed a Constitution and a Judeo-Christian set of ethics—but it has proceeded to serve only those who have been useful to a system of entrenched power and privilege. Youth are sick and tired of a society that, because of its concern with inflation, cuts back on Youth Corps and Job Corps. How do you explain to youth why we cannot afford monies for modern cities but can finance a missile net that may cost $10 billion in the next year or so? How explain why we spend $4½ billion for farm subsidies and less than an eighth of that amount to feed the hungry? Why can we spend $20 billion to rebuild Western Europe, including Germany, and yet cannot have a domestic Marshall plan? The ill-housed, the unemployed are not in West Germany—we built that country back up; they are in Harlem; they are the sons and daughters of people who were killed fighting the Germans, fighting for freedom.

No! Law and order is not going to come to this country until there is justice. This country does not deserve order. How much order do you think we would have today if women did not have the right to vote? How much order would we have if the labor movement had not won the right to represent its union before the company? Do you think we would have order if the farmers had lost their lands in 1932 and had received no benefits from Federal programs and monies? The best example of order that I know—discounting the order we now have in Prague and in Johannesburg—the best order we have probably ever had was under Adolph Hitler. He had perfect order. With the Gestapo and Storm

Troopers goose-stepping all over the place nobody dared to dissent. That is order—perfect order. Hitler used that perfect order for activities that led to the destruction of more than 14 million people, six million of them in gas ovens.

What we need to talk about here today goes far beyond the quality of our goods and concerns the quality of our lives. I hope we've decided that it is more important to be right than to be popular because we need to talk about priorities, how we spend our monies; about a real tax reform bill that addresses itself to such loopholes as oil depreciation allowances and buying up old property in order to get tax exemptions for depreciating real estate and property; about how the very rich get out of paying taxes by buying municipal bonds. There ought to be a better way of financing municipal operations than letting it be a tax loophole for the multimillionaires of this country. And let's talk about our need for leaders who have decided that the greatest thing in history is not being re-elected but being statesmen and providing real leadership.

The problem in America today is not the problem of either the bigot or the so-called revolutionary liberal. The problem in America is that large blob of people who fall in between; that nice, silent group who have distinguished themselves by their irrelevance and by not wanting to hurt feelings. If you are going to save lives, rather than feelings, you have to speak out. This Conference cannot end without your talking about priorities. It cannot end without your talking about tax reform, without your talking about expansion of the anti-poverty program and rent supplements in modern cities, expansion of the elementary and secondary education act.

You know as well as I do that there are people who are physically and emotionally handicapped because they came from environments that were handicapping. Among them are many children who are mentally retarded because they lacked adequate prenatal care and early treatment. You cannot turn your back on this.

So this must be a Conference where we address ourselves to priorities. Forget the economics—but don't forget it too much because we are spending $80 billion on defense and have had to send our boys to be killed in Korea and Viet Nam. If we had made the idea of freedom work well enough here at home, the Koreans and the Vietnamese would fight for freedom themselves. No Chinese get lost in Viet Nam. Not a single Russian lost his life in Korea. The Communists sold the local people on an idea they were willing to fight for. We have a better idea but don't make it work so we have to keep escalating—sending our boys to foreign lands, increasing our defense budget. We cannot dismiss the economics of defense, but we could reduce the cost if we really made freedom and democracy work here at home.

But that is not the real motivation for making this Conference a success. The real motivation is a very personal one. We are today presented with the opportunity to begin a whole new era of crusading and pioneering in America. We have had our industrialization, our revolution in technology. We have pioneered in space travel and in the building of cars and housing. But we have barely begun to pioneer in things human and social. It does not take a lot of people to begin such pioneering; it takes just a few people who care. There are enough people in this room to do it. But do not do it because you want to save me, a black man, or even because you want to save a beautiful little handicapped child. Do it because you care about the decency of our society. In a large sense, what happens to the disadvantaged, the handicapped, the minorities in our society will be a barometer of the validity of our system.

We will either go down the drain of history as a Nation that blew it or we will emerge as a Nation that pulled itself together, reordered its values and priorities, and decided to put first things first. If we do this, we will not only redeem ourselves but, in the process, become credible to our young, who are in it for the duration and who, today, are looking at us at best skeptically, at worst contemptuously, because they do not believe we can do it. We will lose completely the respect of youth and deserve their revolt if we fail them now. Generations yet unborn will curse our selfishness.

In the final analysis, America must be known, not for how much it does for those who have, but for how much it will do for those who have not. That is your challenge at this Conference. It is a challenge to let those who are the victims and casualties of our system participate in decisions that affect them. It is a challenge to move beyond doing for people to doing with people, recognizing that everyone has something to contribute. That is what community control and decentralization are all about.

I have great faith that you will meet this challenge. I am convinced that you are determined to give meaning to the words on the Statue of Liberty; that you will indeed "lift your lamp beside the cabin door."

Topical Sessions

Unmet Needs of Special Groups

Introductory Statement

Miss Mary E. Switzer, Administrator
Social and Rehabilitation Service
U.S. Department of Health, Education, and Welfare

It seemed logical to begin our Conference with a dramatization of the unmet needs of the disabled and disadvantaged that can be met through rehabilitation.

Thousands, even millions, of our citizens really do not know what services are available to them, what they are entitled to, and what they should receive from their public and voluntary agencies. One evidence of this is our experience with the Advertising Council campaign to encourage disabled people to seek rehabilitation services. This is a very new campaign, yet it has already stimulated more than 20,000 requests for information.

Many programs have been very effective in reaching certain groups in certain settings, but have not been successful in meeting the needs of people in other settings. For example, many of the programs that are going well in suburbia do not exist at all in some of our big, crowded city ghettos.

The visual presentations illustrate, on a "for example" basis, the kinds of problems we are faced with in attempting to do a total rehabilitation job. The Social and Rehabilitation Service is trying to bridge the gap between the ghetto and the rest of the community. We look to this Conference for help.

Visual Presentations

All of the visual presentations used during this session were produced for the Conference by Design Center, Inc. of Washington, D.C. Four are 16 mm color motion pictures. One is a 35 mm color filmstrip and one is a 16 mm color film-a-graph. All have been cleared for public service television use. Agencies, business and labor organizations and other community groups can obtain them for group showings and/or television free of charge from the Office of Public Affairs, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare, Washington, D.C. 20201. Prints can be purchased (see descriptions below for print price and running time) from Chief of Information, National Audiovisual Center, Washington, D.C. 20409. National and State organizations would be well advised to buy prints for circulation for their affiliates as the number available from HEW is extremely limited.

Those Who Stay Behind

The running time for this film is 16 minutes and the print price is $55.00.

As the narrator notes at the outset: "In the 1930's, the Depression, the Dust Bowl, and the large-scale migration westward and to the cities called attention to the plight of the poor in rural America . . . Since then, the most innovative programs have been for urban problems . . . But, after 30 years, the problem of the rural poor is still there, still feeding the fires in the city. It is a vision that belongs to another era, and we turn our eyes away, asking: Are they still there? Who are they?"

Before the film ends, the viewer has become quite well acquainted with some of them—two black families in the Mississippi Delta area and a white family in Appalachia. All are among the more fortunate of the rural poor in that there are a few services, inadequate though they be, in their areas.

We meet the Stockman family in their dilapidated shack in the deep South: Mr. Stockman, a tractor driver who earns $1.35 an hour when the fields are dry enough to be tractored; his 22 year old wife, their five small children and Mrs. Stockman's four young brothers and sisters who live with her because their parents are dead.

Mrs. Stockman speaks longingly of a "big house"—bedroom for the girls, bedroom for the boys, bedroom for her and her husband. Because there is a Self-Help Housing Project in the area, she may get it. The director of the project is helping them plan and budget, checking to see that the finance company is not charging them too high an interest on the mortgage on their present shack.

The Self-Help Housing Project director also introduces the viewer to another black family in the neighborhood: the Lewis family: a widow with thirteen children. The two oldest children are unmarried mothers who live at home with their babies; one of the other children is mentally retarded and three of them are epileptic. Most promising of the children is Rosetta. She is a senior in high school and dreams of going to college. Inevitably, the director of the housing project finds himself drawn into many Lewis problems beyond that of housing. "Has anyone offered you a scholarship?" he asks Rosetta. "Isn't there a counselor at the high school you could talk to?"

The Byrge family in the mountains of Tennessee also have a single source of help where they can turn in time of trouble—the Daniel Arthur Rehabilitation Center, an hour's drive away from their mountain shack. That is where their small son Timmy, who has cerebral palsy, goes for classes and therapy. Often, however, he is not well enough to make the two hour round trip on the bus. Yet he cannot see a doctor unless he goes to school—or unless the family pays a neighbor $8.00 to drive him over the mountain and also pays a doctor bill.

Center staff go out of their way to help the Byrge's, but they can do nothing about many of their problems—the dilapidated housing, the water that has to be drawn from an outside well and is unsafe to use in summer. Yet, because of the Center, Timmy, who could only crawl until the Center staff "found" him, is now able to walk.

The Step Up

The running time for this 35 mm filmstrip with record is 10 minutes and the price is $10.00. The filmstrip record has audible beeps for manual operation and can be used with any type of filmstrip projector. The reverse side of the record has inaudible beeps and is designed for automatic operation of a DuKane projector.

The inadequacy of services in urban areas is the theme of this presentation. All of the families in this film live in a public housing project on the outskirts of a large city. Their homes contain the essentials but—it is half a mile from the nearest bus stop; there are no recreational outlets for youth "My boy has a choice," as one mother says in the film, "he can mix in with the bunch that drinks or with the bunch that takes dope". There is no way that older handicapped children can get to school because the school bus drivers will not lift a heavy child.

Inadequate incomes, malnutrition, feelings of hopelessness pervade the area. Nevertheless, there are some indications that the situation is brightening. A mother, who is supporting five children at home on a public welfare payment that is less than the State pays for her one child who is in an institution, started a clean up campaign. People became interested in improving the appearance of their homes and yards. This led to neighborhood meetings and plans for other group actions.

A physician came to the neighborhood and began to practice preventive as well as curative medicine. He has shown special interest in combating malnutrition. One mother explains in the film: "He has given mothers consideration that perhaps because the mother is wasting away, she's allowing her family to waste with her . . . You see we now have not only a physician to go to, but we have a friend we can talk to."

Among the people the viewer meets in this film are a mother and her 13 year old daughter who is home bound because of cerebral palsy, a woman with three epileptic children, and many children who wander disconsolately about a barren neighborhood.

Anything for Kicks

The running time for this 16 mm film-a-graph is 11 minutes and the price is $37.25.

This is a film about drug addiction. The opening scenes present in quick succession a mother, her son, another mother, then her daughter—each speaking of the problem that has involved them all. Subsequently, we follow the boy, 18, and the girl, 17, as they travel around, gay and carefree at first, but becoming more and more desperate as their habit grows and the money to support it becomes increasingly hard to obtain.

While the presentation gives no answers or solutions, it does afford the viewer an apportunity to live with the problem—with the middle class parents who could not believe it could happen to their children, and with the boy and girl who could not believe that the pattern of life they had started could end so tragically.

As the narrator of the film points out: "Attempts to define the drug problem will continue to fail us so long as we allow the principal issues to remain clouded with misinformation. Answers will continue to evade us so long as we think of them in terms of easy social cliches. Perhaps the greatest hurdle before us is the hurdle of misunderstanding." The film goes a long way in reducing that hurdle. It dramatizes a true case; only the names and faces have been changed.

Someone Who Cares

The running time for this film is 11 minutes and the print price is $37.25.

The problem of stroke is viewed from the standpoint of a patient. Based on a true case history, it includes the patient's hospital experience and the rehabilitation process after he returns home.

As the physician in the film points out, most people with stroke are not treated in special hospitals that have staff who are trained in rehabilitation methods. In far too many general hospitals, a patient with stroke is regarded as not curable.

The "Someone", or ones, who must care if the victim of a stroke is to be successfully rehabilitated, include not only his physician but all members of the rehabilitation hospital staff who serve him and, most especially, they include his family. The problems all of these people face in making a constructive contribution to the rehabilitation process are portrayed vividly and helpful approaches are demonstrated.

Another Voice

This film runs 10 minutes and the print price is $34.00.

The narrator states the problem at the outset: "About 16,000 Americans have lived through an experience that began with what they thought was a cold, a sore throat, and became a persistent hoarseness. There was concern. Then alarm. An examination. A biopsy. Confirmation—cancer. Surgery—a laryngectomy. The operation is safe . . . of all surgical procedures against cancer, it offers the greatest statistical guarantee against recurrences of the malignancy . . . but it leaves the patient with a sudden great loss. He is unable to make a sound."

The film follows a patient through his successful course of speech therapy and, in doing so, provides a great deal of information which is valuable to patients, to medical and therapy staffs, and to the families of persons who have had laryngectomies.

A feature of the film is the participation of Anne Lanpher, a high school French teacher who had a laryngectomy in 1960. She continued to teach after her operation and has volunteered a great deal of time to helping in the rehabilitation of other laryngectomees.

At the Conference presentation, Mrs. Lanpher also appeared in person and talked to the conferees following the film showing.

Not Sick Enough

The running time for this film is 10½ minutes and the price is $35.75.

High among the unmet needs of the Nation are services for people who are too maladjusted to lead normal lives yet not sufficiently ill to warrant care in a mental institution.

This film introduces the viewer to one such person, Howard, a middle-aged white man whose current job is driving a delivery truck. The scene opens at the breakfast table in a dingy kitchen where Howard's wife is feeding their two small children while her husband reads the paper.

"You gonna lose that job if you get there late again," his wife warns Howard, but he pays no attention. He *is* late and his foreman reprimands him. As Howard makes his deliveries, customers berate him for being late. He handles the packages more and more roughly, breakages occur, complaints go to his boss, he is fired.

At home, Howard has a bitter fight with his wife. He leaves and subsequent scenes show him drifting about—in bars, in railroad yards, and finally back home where he finds that his wife and children have moved out. In the final scene, he calls the telephone operator and tells her: "I am going to kill myself."

Case Finding Through Public Service Advertising

The Advertising Council was organized during World War II to publicize important information needed by the civilian population and to stimulate the public to participate in various activities that would help the war effort.

After the war, the Council continued its work—sponsoring campaigns for numerous civic causes that call for citizen participation and support. When a cause is accepted for promotion, the campaign is assigned to one of the Council's cooperating advertising agencies, whose staff members work closely with the staff of the national voluntary or public agency that has requested the campaign. The basic information is provided by the requesting agency; skilled artists, copywriters, and other specialists in the advertising agency then translate this material into appealing radio and television spots, newspaper advertisements, car cards, billboard signs.

The Advertising Council distributes this material to the appropriate media. The media use the material without charging for space or time. Whether the media in a specific community use the material depends upon the civic spirit of key persons in the media. The interest expressed to the media by local groups is also an important factor in determining how widely the material will be used in a community.

In 1968, the Federal Government called to the attention of The Advertising Council the need to inform disabled people—and those concerned with their welfare—about rehabilitation services. Many people are disabled to an unnecessary degree because they do not know about the availability of services that can help them. The Social and Rehabilitation Service of the U.S. Department of Health, Education, and Welfare supplied the background information which convinced the Council of the need for the campaign. Since then, the SRS Office of Public Affairs staff has worked closely with The Advertising Council and with staff of the advertising agency, Warwick and Legler, in developing the campaign material. At the same time, SRS program staff in the headquarters and regional offices have worked with State rehabilitation agencies, alerting them to the need to be prepared to handle responses and applications resulting from the campaign.

The campaign materials urge interested persons to write to Help, Box 1200, Washington, D.C. These letters come into the headquarters office of the Social and Rehabilitation Service where they are sorted and sent to the State rehabilitation agency. The State agency then sends the writer informational materials prepared for the campaign, including a directory of services in his area.

At the Conference, S.P. Bowers, vice president, Warwick and Legler, Inc. showed a number of the television spots that are being used in the campaign and answered questions from the audience. He pointed out that The Advertising Council materials are available not only to the commercial media but also to civic and other organizations concerned with the problems of the disabled for use in their magazines, house organs, or other media.

Although the campaign has not yet reached maximum impact, some 20,000 persons have already written to Help and a great many are now receiving services they would not otherwise have known they could receive.

This man has a disability and he's giving it the best years of his life.

It doesn't have to be that way. Physical and mental disabilities can be overcome. Today you can get medical aid. You can learn to take care of yourself. You can be taught to do a job you like. A job that gives you a feeling of belonging.

There's just one catch.

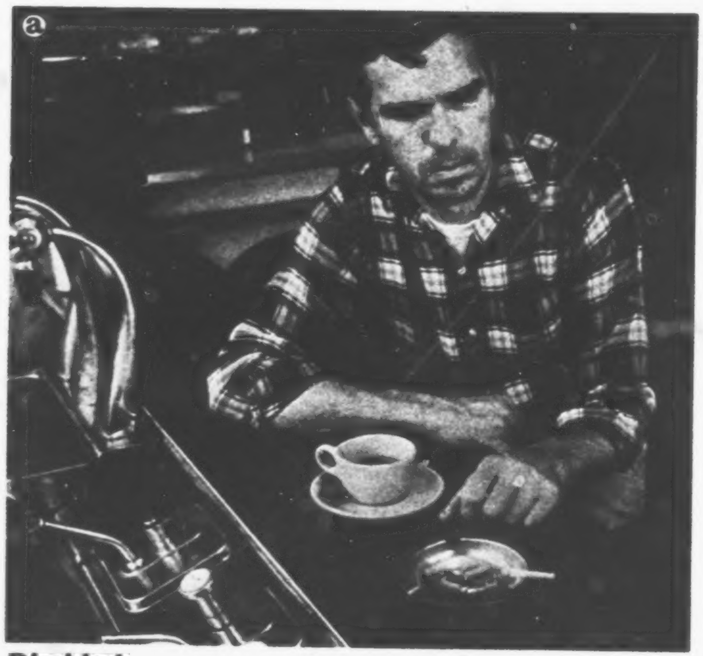
Before we can help the disabled, we have to find them. Last year we managed to find and rehabilitate 200,000 people. Fine. But while we were doing that, 300,000 more became disabled. And the gap gets wider every year.

So if you're disabled (or concerned about someone who is), help us do something about it. And help us do it soon.

You've got nothing to lose but your disability.

Write: Help, Box 1200, Washington, D.C. 20013

REHABILITATION OF THE HANDICAPPED CAMPAIGN
MAGAZINE AD NO. REH 2-69 - 7" x 10" (110 Screen)
Also Available: Ad No. REH 3-69 - 9⅝" x 12⅞" (110 Screen)



Disabled.
One of the most damaging and inaccurate words in the English language.

Tell a man with a physical or mental handicap he's disabled. Tell him often. And your chances of crippling his spirit are excellent.

Disabled is a word that has "hopelessness" written all over it.

A word that suggests total impairment. Yet most often, it's one area that isn't functioning normally. One non-functioning area in a total human being and bingo!

Disabled.

If we could take the word out of the dictionary, we would. Since we can't, we'll do the next best thing. Change the meaning.

From now on, a "disabled" person is someone who can overcome his problem with medical aid. Someone who can learn to take care of himself. Someone who can be taught to do a job he likes.

If it sounds like we're talking about you (or someone you know and care for), write and tell us.

You've got nothing to lose but your disability.

Write: Help, Box 1200, Washington, D.C. 20013

REHABILITATION OF THE HANDICAPPED CAMPAIGN
MAGAZINE AD NO. REH 4-69 - 7" x 10" (110 Screen)

Environmental Barriers and Transportation

Introductory Statement

Leon Chatelain, Jr., President
National Easter Seal Society for
Crippled Children and Adults

The National Citizens Conference on Rehabilitation of the Disabled and Disadvantaged is confronted with a task that has never before been attempted. That task is to suggest action on ALL the physical factors in the environment that prevent disabled people from making maximum use of their potentials for normal living.

Previously, studies of environmental barriers have been fragmented. The National Commission on Architectural Barriers, with a mandate from Congress to study and make recommendations on public buildings, completed and published a comprehensive report of that aspect of the problem in 1968. The U.S. Department of Housing and Urban Development and the U.S. Department of Transportation have developed information on the housing and transportation aspects. The U.S. Department of the Interior has issued a report on "Outdoor Recreation Planning for the Handicapped."

Through the U.S. Department of Health, Education, and Welfare, and the President's Committee on Employment of the Handicapped, these and other studies of specific types of barriers have been widely disseminated, and well-rounded, comprehensive programs have been encouraged. Voluntary agencies, such as the National Easter Seal Society for Crippled Children and Adults, as well as organizations formed by the disabled themselves, have also been influential in stimulating interest and action.

This Citizens Conference however, offers the first opportunity for a representative national body to study and make recommendations on the total problem of environmental barriers.

I hope you will think about the film you will now see and that you will open opportunities for others to see it. I especially hope that each of you will take the "obstacle course" which has been set up in a room off the lobby of this hotel. Take one of the wheelchairs in that room and try to cope with the steps, the telephones, the doorways and other barriers that the disabled encounter every day.

Visual Presentation

Beating The Averages

This is a 28 minute, 16 mm color motion picture film produced for the Conference by Eli Productions Inc., Washington, D.C. It has been cleared for public service television. A limited number of free prints are available from the Office of Public Affairs, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D.C. 20201. National and State organizations are advised to buy prints for distribution to their affiliates. The prints are sold by the Chief of Information, National Audiovisual Center, Washington, D.C. 20409 at $91.25 per print.

The film opens with a profile of the "average" American—relatively young, married, two children; healthy, white, Protestant; a high school education and an annual income of $8,000 a year.

In contrast to this rosy picture, we meet the Woodner's—the widowed Mrs. Woodner and her two sons, Bob, aged 24, and Chuck, aged 18. They live in a neat but very modest home. All of them work: Mrs. Woodner in a factory, Bob in an electronics plant, and Chuck as a laborer on construction jobs.

Bob has been a paraplegic for six years. He has worked hard on his rehabilitation and can manage to do many things without help. Yet from the moment he awakes in the morning to confront the bathroom door that is too narrow for his wheelchair until Chuck brings him home from work at night in the family's jalopy car, Bob encounters obstacles. The viewer accompanies him on a typical day and soon appreciates not only the many unnecessary barriers Bob must contend with, but also the courage, the humor and the spirit with which he does so.

Bob is lucky to have a job in a company that does not discriminate against the disabled. The company not only employs them but promotes them according to their ability, as evidenced by another character in the film, Harry Marcus, a wheelchair executive. But we soon see that even a good job and a high income do not compensate for all the humiliations and problems that Harry encounters.

From the intimate problems of Bob and Harry, the film moves to the broad scope of the problem which involves millions of people: the aged, the pregnant, the deaf, the blind, those temporarily disabled by accidents. The film also shows examples of successful attacks on the problem: accessible buses, buildings, housing; and describes the educational efforts of the American Institute of Architects, various voluntary and public agencies, and civic groups.

Simulated Legislative Hearing

To demonstrate how citizens can help to secure legislation on environmental barriers and transportation, a mock legislative hearing was staged. Heyward E. McDonald, a lawyer from South Carolina, assumed the role of chairman of a legislative committee that was considering a bill relating to architectural barriers. Mrs. Margaret Schweinhaut, a member of the Maryland State legislature, sat with him as a member of the committee. The witnesses called upon were: Tak Taketa, Director of Programs, Easter Seal Rehabilitation Center, Oakland, California; Mrs. Ida Daly, Director, Seattle Handicapped Club, Seattle, Washington; Mrs. Kate Loree, Chairman, Rye Association for the Handicapped, Rye, New York; and William B. Hopkins, Director of Education, Architectural Barriers Program, Minnesota Society for Crippled Children and Adults, Minneapolis, Minnesota.

The Committee Chairman opened the hearing by pointing out to the witnesses some of the things legislators must take into consideration before deciding whether to recommend legislation. For example, is the proposed action within the province of that particular governmental unit, is it a Federal, a State, or a local responsibility? Is the proposed bill economically feasible? Where

does it fit into the order of priorities for the allocation of funds?

Mrs. Ida Daly testified first, describing how the group of handicapped people to whom she belongs secured and operated a recreation center for 12 years and then, with the cooperation of the Seattle, Washington, Housing Authority, secured support for a housing project in 1963. There were many steps to go through including a survey, and the construction of a model bathroom and kitchen at the recreation center which handicapped people could visit and register their criticisms and suggestions. The project, Center Park Apartments for the Handicapped will be open for occupancy in the fall of 1969.

"From the day the project was assured, the architects and the people in the Housing Authority dealt entirely with the building committee of our handicapped group," Mrs. Daly said. "They made no major decisions without consulting us. The whole thing has been envisioned and promoted by physically handicapped persons themselves."

Based on this experience, she urged legislators and all others who are working on projects that concern the disabled to include the disabled on their working committees. "I think you will find that they are often very astute and creative in working out solutions," she said.

Mrs. Loree, the next witness, described how she came to spark the formation of a Mayor's committee on architectural barriers in Rye, New York. Unable to walk because of multiple sclerosis, she nevertheless wanted to vote in the Presidential election. She secured a wheelchair from the hospital and went to the polling place only to find her entrance blocked by seven stone steps. This started her thinking about barriers in other places, for example, the YWCA where she wanted to swim but could not enter. It started her talking to other people, including a dwarf woman who said: "I'm not as high as you are, Mrs. Loree, but my taxes are and I can't use our public library because I can't reach the stacks."

Mrs. Loree wrote to the Mayor and worked for the formation of a Mayor's committee because she believed, and still does, that official sponsorship gives more weight to citizen effort and prompts more widespread cooperation.

"We handicapped are quite a power," she said. "We are 30 million Americans. We could determine the outcome of an election if we decided to vote only for persons who were concerned about the architectural barriers problem."

Mr. Taketa, the third witness, described the activities of the architectural barriers committee of the Alameda County Easter Seal Society in getting the Bay Area Rapid Transit system to make its new subway system accessible to and usable by the handicapped.

This system, covering the San Francisco metropolitan area, was the first completely new subway system to be planned in the past 60 years. Therefore, if a precedent could be set, it would be easier for citizens in other cities that were planning new subway systems—Washington, Minneapolis-St. Paul, Philadelphia—to demand that their systems also be barrier free.

The committee began their efforts in 1964, when two committee members, both in wheelchairs, appeared before the BART board of directors. After about a year of attending board meetings, writing letters, and conducting a public education campaign, the first battle was won—it was agreed that the stations and vehicles would be designed so that the handicapped could use them. But one big barrier remained—stairs or escalators would be the only means of entering the stations. After further educational efforts, the committee succeeded in getting BART to agree that they would install elevators if the State Legislature provided the necessary funds. In 1968, the funds were obtained and a bill was passed by the Legislature requiring that public facilities be accessible to the handicapped. Ironically enough, because costs had risen and because the subway stations had to be redesigned, the cost of including elevators was $10 million whereas, had this action been agreed upon in 1964, the cost would have been $4 million.

Mr. Hopkins, the final witness, described the curb ramping program which is underway in Minneapolis. The City Council passed an ordinance in 1968 which required that, whenever streets were being repaired, the curbs at the intersections must be beveled or replaced with ramps. More than 600 have now been fixed and the time may not be distant when a person in a wheelchair can go from one city limit to another without having his way blocked by a single curb.

The Minnesota Society of Crippled Children and Adults sparked the educational program which led to this action. The Society has also been influential in getting an amendment on architectural barriers into the Minneapolis building code and in having Minnesota's new four-year State college designed so that it will be completely accessible to and usable by the physically handicapped. Plans are also under way to have a new State park, which is located near the Minneapolis-St. Paul metropolitan area, be designed so that it will be barrier free.

The committee chairman, in adjourning the hearing, apologized for the lack of time which prevented the probing questions which take place in a real hearing. As he said: "Our committee does not consider legislation as thoroughly as the real legislative committees do, but you must admit that we do it more expeditiously!"

Consumer Involvement in Rehabilitation

Introductory Statement

Ernest R. Myers
Westinghouse Learning Corporation

In a sense, any institution or organization in the business of providing human services is in the business of rehabilitation in its many psycho-social and socio-economic dimensions.

It would, indeed, be a comfort to some professionals in the rehabilitation field, not to mention some less categorized human service programs, if the field of rehabilitation were not confronted with the challenge to serve the multi-problem client. I ask you, for example, how do you classify a consumer who is considered aged; who happens to be black; who is partially paralyzed in the lower extremities; who exists on a meager Social Security check; whose sight is failing and whose behavior is characteristically manic-depressive? Pathetic and hypothetical as this profile may appear, I would venture a guess that there are hundreds of people in our less affluent communities today who fit this description.

Back in May, 1968, when some of us met in the Nation's capitol to begin to plan this conference, some of the "hardcore" inner-city consumer group representatives cautioned us against categorizing the handicapped as disabled and disadvantaged. I believe the basis for this advice to the rehabilitation bureaucrats has been sufficiently illustrated in the "hypothetical" case I just described. Their message seemed to be: if you focus on *specific conditions* too much, you concentrate on the individual's liabilities and *LIMITATIONS*. On the other hand, if you take cognizance of the whole person, you look closer for individual strength and *POTENTIAL*.

The maximum potential of the consumer of human services has only recently been creatively explored. Some success has occurred on the battlegrounds of the War on Poverty. And we all know that the War on Poverty has been also a war against welfarism. Essentially, it continues to be a fight, not against the providers of welfare services but against a *system*, a system which has often contradicted in practice what it preaches: *self-sufficiency* (rugged individualism) and *self-determination* as developed and expressed by the consumer of social services.

The challenge for rehabilitation programs, indeed all human services programs, is to develop and support *consumer power* through the consumer's participation in the development and implementation of policies, priorities, and programs.

Genuine consumer involvement must incorporate the philosophy of local control. Maybe we should call it "neighborhood or community power" if this would help to avoid physical labels and categorical handicaps which serve, in part, to undermine the concept of collective "people power".

At the same time, let's face up to the implications of community power; namely, it just might be a black community and thus labeled black power. If so, fellow conferees, so be it. *We seek ways to promote people power whatever the color.* Would a locally controlled program in Appalachia be labeled white power?

Has not to be black, red or Spanish speaking meant severe handicaps long enough in the "land of the free"? And has not to be white meant sanctioned, institutionalized, and systematic advantages?

So what does this have to do with rehabilitation? Rehabilitation institutions can not be class-conscious, color-conscious, physical and vocational fixated. Above all else, they must be consumer oriented.

If the phrases "people power" or "community power" are to be more than mere rhetoric then human service agencies must eventually become community institutions. The consumer must be a vital and fundamental part of the rehabilitation system—or the system is irrelevant to the recipients of its services.

Mr. Whitney Young's call yesterday for a "coalition of concern" represents a social action plan for this group to replace words of sympathy with actions of commitment.

Obviously, this means that rehabilitation systems will need to make concessions; for consumer participation and the decentralization of programs means more POWER to the consumer.

Another part of the challenge for rehabilitation systems, it seems to me, is: how can rehabilitation programs sensitize their personnel to the consumer who has the greatest need, instead of the one who has the best prognosis for treatment as determined by the office-bound bureaucrat?

For those of you who may feel that the status quo is somehow sacred, I will summarize by quoting one of this Nation's most prominent disadvantaged citizens—the late Reverend Martin Luther King, Jr.: "Social progress never has rolled in on the wheels of inevitability."

Visual Presentations

The Amen Corner of Consumer Involvement

This is a 20 minute musical skit written by Dan O'Connor with music by T. Dianne Anderson. It requires minimal stage setting and a cast of five adults. Copies of the script are available, without charge, from Dan O'Connor, Office of Public Affairs, Social and Rehabilitation Service, HEW. Local high school or college dramatic clubs or amateur theater groups could easily produce it for groups that wish to sponsor meetings on consumer involvement.

The skit opens on a church scene: a preacher behind a pulpit; an organist to his right; and in front of him, on camp chairs, the congregation: a Congressman, a lady lobbyist, and a government bureaucrat. In worshipful tones, as he looks to heaven, the preacher says, "Glory be to the Consumer, whose wisdom exceeds by far that of all social workers." He continues in this vein throughout the short first scene, with the congregation interrupting with frequent "amen's" and other indications of their complete approval of all that he says.

The second and longer scene occurs in the doorway as the congregation leaves, each one pausing to compliment the preacher on his inspiring service. The lady lobbyist, however, expresses doubts that the other two interpret consumer involvement in the way they should. She points out that although they all sang the same words of the hymn to the consumer, "I'm not sure we were singing the same song." The Congressman joins in the conversation and as the preacher and the lady lobbyist question him, it becomes apparent that to him there is only one kind of a consumer—a person who buys the products made in his State.

The lady lobbyist also reveals that her concept of the consumer is limited—she thinks only in terms of the poor and the disabled. As they leave, the preacher turns to the bureaucrat, wondering if he, too, lacks the true faith. Although the bureaucrat asserts that he has such faith, he goes away wondering if there may not be some conflict between the usual bureaucratic procedures and participation by the consumer.

With humor and clever lyrics, the skit alerts an audience to a common problem in any movement: a tendency to accept it in the abstract without being willing to apply it to specific, real-life situations.

A Demand to be Heard

This is a 16 mm film-a-graph which runs 28 minutes and was produced for the Conference by Eli Productions Inc. of Washington, D.C. It has been cleared for television. Local groups can obtain it either to show to group meetings or to use on local television stations or both. A limited number of free copies are available from the Office of Public Affairs, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare. The record and color slides can be purchased from the Chief of Information, National Audiovisual Center, Washington, D.C. 20409 for $96.25.

The film opens on a meeting of the Welfare Rights Organization with these phrases from protesters:

"The rats . . . the cockroaches . . . dirty slums . . . not no more . . we demand this . . . since America is one of the greatest countries, richest country . . . take the money and send it to Viet Nam but refuse to feed her own poor. We ain't going to stand for it no more."

The conditions which create such protests are then shown in vivid detail: a tenement house where six families must go to the basement to draw their water supplies, a visit to one of these families—a woman with two children—in an apartment where there is no stove, where the toilet does not flush, and where huge chunks of plaster have fallen from the ceiling. The mother describes life under these conditions.

Equally moving is a visit to a crippled woman, who with her seven year old son, depends on welfare payments for her existence. Her problems are delineated: delayed relief checks and food stamps, foul-ups on medical appointments, long trips to the welfare office, many forms to fill out.

About half of the presentation shows how various groups are trying to cope with their problems by strong consumer organizations and other innovative approaches.

Examples of consumer organizations include the work of the National Federation of the Blind and the National Welfare Rights Organization.

The viewer is then taken to the Watts area of Los Angeles and meets former members of the "hard core" unemployed, one of whom is now a rehabilitation aide, another a "job coach." By interview and by following them as they do their work, one gains a fresh appreciation of the talent that has been salvaged.

A group therapy session in the Harlem Addicts Rehabilitation Center dramatizes another promising approach, as does the portrayal of the work done in a neighborhood Legal Aid Office.

The presentation is fast-paced, with just enough narration to orient the viewer and highlight issues that he will want to think more about and discuss. It ends with the provocative question: "If consumers are kept out of the system, can they be kept from tearing the system down?"

The Cage

The most impressive dramatization of consumer involvement was the two-hour play presented at the Arena Stage, Washington's theater-in-the-round. The play, of high professional quality, was written, directed and acted by former inmates of San Quentin prison. Local sponsoring groups can arrange for performances at moderate cost. Full information can be obtained by writing to the Barbwire Theater, 2 Fair Oaks

Avenue, San Francisco, California 94100.

The entire action of the play takes place in a prison cell but the atmosphere of a large institution is conveyed by off-stage noises and loud-speaker messages.

The play opens with two guards escorting a young college boy—convicted of killing his girl friend (though his protests of innocence seem convincing) to the cell he will share with three long-time inmates. As they walk, the guards give the new prisoner such advice as: "Cooperate with us, we'll help you"; "Never trust the other convicts;" "You're not being punished, we're helping you."

The irony of these comments soon becomes apparent. The lad, Jive, is refused medicine he needs to control epileptic seizures. His pleas to see the warden or a doctor are ignored.

He finds that one of his cell mates is often irrational, sometimes violent. The other two have a homosexual relationship and Jive immediately becomes a cause of friction between them—one of them making advances to him, the other becoming jealous of him.

Jive lives in almost constant terror—that the homosexuals, Al and Doc, will kill the mad Hatchet, or that Hatchet will kill them; that he will not succeed in fending off the homosexuals. The guards add to his terror, coming in whenever the cell becomes noisy and kicking and beating Al and Doc.

A high point of the drama is the prisoners' mock trial of Jive, with Hatchet the judge.

There is ironic humor throughout the play, as well as violent action and, with it all, the ring of reality which leaves no doubt that this is indeed prison life.

At the conclusion of the play, the actors come back on stage to answer questions from the audience. Perhaps the most moving answer was in response to the question: "How can we prevent youth getting into prison?" The lad who replied (whose crimes included armed robbery and the knifing of a fellow prisoner) said: "Fnd something that the young person can really become interested and involved in. I can't tell you what that is. For me, it was the drama workshop in San Quentin. If I had had something that I was interested in before I went to prison, my life would have been different. But I guess you could say I was lucky, because at least I did find it—in prison."

Also part of the Consumer Involvement agenda (which filled one morning plus the late afternoon presentation of "The Cage"), were the following presentations by leaders of consumer programs: the Addicts Rehabilitation Center in Harlem, and the National Welfare Rights Organization.

The Silent Sound of Needles

reported on by
James Allen, Director
Wallace White, Assistant Director
Harlem Addicts Rehabilitation Center

The book, "Silent Sound of Needles" contains the best description of the Addicts Center, James Allen reported. It was written by a newspaper reporter with contributions from Center staff members. (Copies were sold in the lobby following this session.)

Both Mr. Allen and Mr. White described their own experience and urged the audience to learn more about the drug addiction problem and to support more extensive rehabilitation programs.

"From 1948 to 1958," said Mr. Allen, "I slept on roofs and in basements and stole to support my habit. I was often in jail. Then I went to the Public Health Service hospital in Lexington, Kentucky, and it was there that I woke up. Since then, I have been working on the drug addiction problem."

Despite, or perhaps because of, his intimate knowledge of the drug problem, Mr. Allen said he worries about his 17 year old son who he knows goes to parties where the young people smoke pot. "Your kids face this problem too," he reminded his audience. "We spend billions for war, but the kids who are supposed to do the fighting are going to sleep." Mr. Allen has found little public sympathy for the drug addict. "People can identify with a person who is the victim of a heart attack, but they treat drug addicts as if they had bubonic plague."

Wallace White said that he had spent 20 years "asleep." Now he works with youngsters in the Center (some as young as 12 years who have been addicted for two years) and writes articles on the problem. Three of his articles have been published by Esquire magazine.

It is costly to rehabilitate addicts. According to Mr. White, rehabilitation costs about $10,000 per case and there are at least 100,000 known addicts in New York City alone. He believes the best approach is prevention: parent education; early identification of users of narcotics; more centers which bring together people who know they have a drug addiction problem and will help each other to overcome it.

The National Welfare Rights Organization

George A. Wiley
Executive Director
The National Welfare Rights Organization

What poor people need is money. Related to this problem is the lack of political power among poor people. Who are the poor? Many are whites who live in isolated areas, many are blacks, many are Puerto Rican, Mexican-American, Indian. It is an insult to define their poverty in terms of personal incapacities. It is not the poor who need to be rehabilitated, but society. In the Welfare Rights Organization, we consider the basic problem is that of rehabilitating the jaundiced, racist, political establishment, be it public or private, be it business or social agency, be it government or non-government. The "Establishment" must be rehabilitated so that every person in this country has opportunities for education, for decent jobs, for decent training programs; and, most fundamentally, that he has the opportunity to have an adequate income, so that his family may live in dignity and decency. He must have the opportunity to participate in the political processes and therefore to have an impact on the decisions that affect his life.

We in the National Welfare Rights Organization are in the process of launching a nationwide campaign—a campaign for a guaranteed adequate income for every American citizen. We hope that you in the rehabilitation field will commit yourselves to put your energies, your resources, your talents, your abilities and your agencies into the struggle for this goal. An adequate income for every American citizen is the most basic thing in the rehabilitation field.

What is an adequate income? It is not the 18 cents a meal that a welfare recipient gets in this country for food. It is not the $2400 in annual welfare payments that the average welfare recipient gets in this country. It is not the food stamp program which degrades and humiliates and does not provide people with enough food in the process. It is not a surplus commodity program that is inaccessible to many poor people and that offers rotten food in inadequate amounts even to those it serves. It is not any of these kinds of things. An adequate income is an amount of money for every man, woman and child in this country that will raise them above the poverty level and enable them to live decently and in dignity. The Bureau of Labor statistics has defined a minimum adequate income as $5500 a year for a family of four.

We must stop talking about the poverty line in this country as though all who are above it live in decency and dignity. Getting people above the poverty line is not our objective. Our goal is to get people to an adequate income so that they can provide for the food, for the housing, and for the other needs of their families. This is a basic need for this society and for this country.

You talk about narcotics. You talk about school drop outs. You talk about job training programs. I submit to you that without an adequate basic income it is not possible to talk about other kinds of services and other kinds of programs for poor people. For when there are the growling hunger pains in the guts, when there is the rotten apartment and slum neighborhood, it is not possible to "rehabilitate people," as you would say in your profession.

There can be no possibility of real rehabilitation when people are denied access to the political process; when they are disfranchised, divided, defeated, and harassed by a welfare system and by an exploitive bureaucracy, both public and private; when they are degraded by programs which treat them as though they were not human beings. There can be no real rehabilitation so long as people are subjected to the indignities of welfare investigations; to the second-class citizenship of your rehabilitation agencies. People cannot be rehabilitated when employment services and the business community look upon them as a drag on the society.

To change these conditions, poor people need to be organized to have a voice, to be able to make an impact on the society and to influence the policies and the decisions that affect their lives. All across this country, in the last two or three years, welfare recipients and other poor people have been organizing. They have been organizing in a nationwide grassroots organization called the National Welfare Rights Organization. They have been organizing for four basic things: (1) adequate income for every American citizen; (2) to be treated with dignity by the institutions of the society; (3) to be treated with justice so that there is fair play, and equal opportunity and full citizenship for every person in the society; (4) to seek democracy, not the sham democracy where we say that everybody has the right to vote and therefore we are a democratic country, but the democracy which provides the opportunity and the possibility for every citizen to have a *real* voice in the policies that affect him.

To say that there is a voice now for poor people, to say that there is a voice for the more than 50 million people in this country who do not have an adequate income is an affront to democracy. We have a seniority system in Congress which gives the most powerful positions to the people from the least democratic sections of the country—men who come from States where poor people who are largely black are disfranchised and do not have the right to vote. Those members of Congress almost singlehandedly control the destinies of 50 million citizens who are poor.

There is not going to be any change in that situation in Congress until there are substantial new political forces released and those new political forces can only be released when the poor people of America have a voice; when their opinions are respected; when these 50 million citizens count in the Congress, in the legislative halls of our States and in our city councils. We will only have democracy in this country when there are strong organizations of poor people in the States where the Congressmen who make the crucial decisions on poverty live—in the State of Louisiana, in the State of Arkansas and in all of the Congressional Districts of this country, so that all the Congressmen will feel the need to be responsive to poor people and not just to the rich.

It is a disgrace that in this country, which is the wealthiest in the world, we are preoccupied with war, with death, with destruction and with beating the Russians to some uninhabited planet instead of being concerned with how to provide adequately and decently for every citizen in this country and on this earth. It is a disgrace that we have in this country priorities on subsidies for every major interest except the poor. In this country most of you are subsidized by the government of the United States of America, even those of you who are in private agencies. You are the welfare recipients be you a social worker, or be you a business man. You are the true welfare recipients in this country. Let's be clear about the fact that we have welfare for the rich. We have welfare for the James Eastlands who got over $200,000 for *not* growing any crops and by denying the use of his land to some of the poorest sharecroppers in this country. We paid him $200,000 last year to deny poor people access to the use of land on which they might otherwise have scratched out a meagre existence. In the Congress, it is not possible to even think about repealing the oil depletion allowances which put billions of dollars into the pockets of some of the wealthiest people in this country.

Yet we say we cannot afford a program to provide a decent adequate income for every citizen in this country. I talked with the legislative assistant of one of the most liberal men in this Congress, a man whom everyone would recognize as a friend of poor people . . . and this man told me that even a $15 billion program to aid the poor people is beyond the thinking of this Congress and of this country, let alone the $30 to $40 billion it would cost to provide an adequate income. $30 to $40 billion is a small percentage of the gross product of this country; it is less than half the amount we presently spend on building a war machine to maintain our position of military supremacy in the world. I say that is a wrong priority. Welfare recipients say that is a wrong priority. But the only way that we're going to change that priority—the only way we're going to stop subsidizing the rich and begin subsidizing the poor—is when we have a substantial organization or a multitude of organizations. We need these organizations not just in the welfare field, but also in the housing field, in the education field, in the health field. *We need poor people organized* in all these fields, organized to have a voice and an impact on every sphere of life in this country.

The National Welfare Rights Organization is about the task of organizing as many poor people as we can. We are about the task of building a movement to include and to develop a voice for the people who are the most despised in this country—the welfare poor. We are not talking in traditional terms about rehabilitation for poor people. We are talking about money for poor people. We are talking about adequate income *now* for poor people and we are talking about changing the priorities in this country for all Americans.

This week we in the National Welfare Rights Organization are launching a campaign to bring to the center of the stage in America the need for an adequate income for every citizen. We are bringing this campaign to the doorsteps of every State capitol in this country. On June 30th our organizations in every major State will be organizing demonstrations at the State capitols. It is the third anniversary of the National Welfare Rights Organization and on that birthday we will celebrate it in our traditional manner—in the streets in the cities of America. Because, unfortunately, it is not in the legislative halls where you get justice, it is not in the legislative halls where there is democracy, it is not in the legislative halls where there is the possibility of dignity for citizens. The possibility of the realization of dignity and justice and democracy for poor people is only to be found in the streets of America today.

Now is the time of testing America. You only have to go to Harrisburg, Pa., today or to Cairo, Illinois, today to see bloodshed, to see the seeds of revolution. These seeds are being planted by the people who would jeer, by the people who would be insensitive and by the people who would be unresponsive to the fundamental needs of a large segment of our population. For enlightened citizens such as the people assembled here, who are truly concerned about where our society is going, we say: join with welfare recipients. On June 30th we will be demonstrating in State capitols; on July first we will be demonstrating at welfare centers in every city in this country: on July second we will be going to super markets and dramatizing the problem of hunger in America and the inadequacies of the food programs designed to combat hunger. We will be speaking out to say to America that the answer is not a food stamp or a bread line, but an adequate guaranteed income for every citizen in this country.

On Thursday, the third of July, we will be issuing a basic message to the private sector of the economy because we will be saying to the Sears Roebuck Company: No longer can the private sector sit back and let the government take the blame for poverty, no longer can the private sector think it is immune from responsibility. We will do this by stepping up a campaign to boycott the Sears Roebuck Company and to demonstrate at and to disrupt the operations of Sears Roebuck stores. We will be saying to Sears Roebuck that you who have discriminated against poor people these many years in your credit policies, you who look upon a welfare recipient as something less than human are going to begin dealing with welfare recipients and are going to begin dealing with organized welfare recipients or there is going to be disruption in the places where you make $9 billion in annual sales and where you made $500 million net profit last year. We are beginning to say to the largest corporations in America that you must begin to be sensitive to the problems of poor people and you must begin to respond to the problems of poor people or there is going to be no peace at the places where you do business.

Our organization is committed to democracy, it is committed to the institutions of this country, it is committed to using the courts, the lobbying and legislative processes, the process of peaceful demonstration and protest, the channels that are accessible to poor people for redress of grievances. Our organization, an organization of black people and white people, of Mexican-Americans and Puerto Ricans and of Indians, is one of the last hopes that this country has for a peaceful solution to some of the fundamental problems of our society. This kind of organization offers one of the last chances that we have to demonstrate our commitment to democracy in this country and to the processes by which there can be change in America.

I come here today, not just to tell you about this organization, but to challenge you to support and participate in some of its activities. An important activity of our guaranteed adequate income campaign is designed to get people who are not poor to find out first hand about the problems of hunger, of welfare, and of malnutrition by living for at least a week on a welfare budget. I challenge you to live on a welfare budget for a week and prove for yourselves the inadequacies of that budget. Learn by the hunger pains and the irritations that your children will feel at the end of that week what it must be like to live on a welfare income 52 weeks of the year. I challenge the people in this room to fill out the form that pledges you to live on a welfare budget for a week. By that act will welfare recipients measure your commitment to really rehabilitating this country. I challenge you to take our schedule of the amount of money that welfare recipients have to live on in your state —4¢ a meal per person for food if you're from Mississippi; 11¢ a day if you're from Missouri; 17¢ a meal for the District of Columbia.

The national average for the welfare recipients of this country is 18¢ a meal. For the liberal States, like New York and New Jersey and Minnesota, you get 28¢ a meal and when I say 28¢ a meal, the way the welfare recipients have to do it, that 28¢ includes many items of personal care and incidental needs, such as all the items for the bathroom, for cleaning, for laundry. But we simply ask you to spend 28¢ a meal or the corresponding amount for your state; we do not ask you to try to make it cover these other needs. Try to figure out how you would have lunch on 28¢. You cannot do it. I challenge you go out into the city of Washington and try to find an adequate lunch for 17¢, the District of Columbia allowance for a meal. I challenge you to do that.

I challenge you also to look up your local Welfare Rights Organization in your town and find out what you can do to help recipients organize and have a voice in changing conditions in your city. I challenge you to reach down in your pocket and get out a dollar to buy a button and put yourself on record as saying that you support a guaranteed adequate income for every American citizen. I challenge you to reach deeper into your pocket and take out the money that is needed to support welfare rights organizing in your town and all across this country. Contribute it to the national or to your local Welfare Rights Organization. I challenge you to reach down into your hearts and find the ways that you can support a drive for an adequate income for every citizen in this country as the number one priority for this country. I challenge you to reach into your wallet and take out your Sears Roebuck credit card and mail it back to the Sears company with a letter saying that you're not going to do business with them until they start doing business with poor people.

I challenge you to do these things, not because you are benevolent about the needs and problem of poor people; not simply because you are concerned that poor people do not have enough money; I challenge you to do that because, until every citizen has real opportunity and a decent income, there can be no democracy, there can be no freedom, there can be no real peace in our society for any of us. I challenge you to do these things, not for the welfare recipients, but I challenge you to do these things for yourselves.

Financing Rehabilitation Services

Introductory Statement

Warren E. Whipple
Social and Rehabilitation Service
U.S. Department of Health, Education, and Welfare

The delivery of high quality service to the disabled and the disadvantaged depends in large measure upon the soundness and adequacy of financing programs.

Normally, when we discuss financing of rehabilitation services, we focus on the large Federal welfare, social security, and vocational rehabilitation programs, various programs for the aging, medical assistance, and other similar Federal-State grant programs.

And, since the Federal Government is the largest source of rehabilitation funds, it is an obvious starting point for our discussion of financing today.

The films which you will see this afternoon will explore other sources of funds and methods of financing: How communities can best use local funds, and how public and private funds can be combined. But first, let us look at some of the major *Federal* sources of rehabilitation funds. In the Social and Rehabilitation Service of the Department of Health, Education, and Welfare some of the largest programs are: Aid to Families with Dependent Children; Aid to the Permanently and Totally Disabled; Old Age Assistance; and Aid to the Blind. Each of these programs provides for cash payments and social services. They are authorized by the Social Security Act and administered through State and local agencies, usually departments of public welfare.

Under the program of "Aid to Families with Dependent Children" States can receive Federal grants for aid and services to children up to age 21 in families deprived by the death, desertion, disability, or unemployment of a parent. The aim is to enable children to remain in their own homes even though their parents are unable to work or to earn enough to support them. At any given time, about one million families with more than three million children receive such assistance. Payments total nearly $2 billion per year—55 percent of which comes from Federal sources.

Under the program of "Aid to the Permanently and Totally Disabled" Federal grants are made to States for aid to needy people over age 18, whose physical or mental impairments meet the State's definition of permanently and totally disabled. The aim is to help these people achieve as much self-care and self-support as possible. Many are so seriously handicapped that they cannot be trained for self-support. About 600,000 disabled persons are served at any given time. Payments total about $1/2 billion per year, half of which come from Federal funds.

Under the program of Federal grants to States for "Old Age Assistance," the needy people served are those 65 years or older who were not covered by Social Security during their working years or whose Social

Security benefits are not large enough to meet their basic needs. More than 2 million people receive this assistance at a cost of about $2 billion annually, of which about two-thirds comes from Federal sources.

Under the "Aid to the Blind" program grants are made to States for aid and services to the needy blind of all ages. About 95,000 people receive payments totaling approximately $100 million annually, of which about half comes from Federal funds.

Another relatively new and large program is the "Medical Assistance Program" or "Medicaid." This program is designed to help recipients of public assistance and certain other groups to get the health care they need but cannot afford. A large percentage of the States have adopted this program. The Federal Government will spend over $2-1/2 billion on medical assistance in the current year.

One of the oldest programs administered by the Social and Rehabilitation Service is Vocational Rehabilitation, dating back to 1920. Vocational Rehabilitation provides a combination of services to physically or mentally disabled persons. Evaluation and work adjustment services can also be provided to persons with handicaps due to social or economic deprivation. This program is designed to prepare people for employment and productive useful living. In the last fiscal year, over 200,000 disabled persons were restored to more productive lives. The overall program includes a number of grant-in-aid programs designed to marshal the necessary resources to rehabilitate people in a coordinated way. In 1968, the SRS contribution to this Federal-State program was about $374 million. Beginning next year the basic program provides for 80 percent Federal financing with the remainder being supplied by State, local and private sources.

In addition to funds supplied by the Social and Rehabilitation Service, $18 million were made available this year from Social Security trust funds to finance rehabilitation services for Social Security disability beneficiaries. This is a new and unique partnership between the Social and Rehabilitation Service and the Social Security Administration. It was authorized by Congress in recognition of both the human and dollar value of paying the cost of rehabilitation rather than paying lifetime disability benefits to persons who could be restored to self-support.

Other large sources of Federal funds for rehabilitation are the Maternal and Child Health, Crippled Children, and Child Welfare programs. Here grants are made to State health and welfare and other nonprofit agencies especially in rural areas and in areas suffering from severe economic distress. Last year the SRS contribution to these programs was $250 million.

Several other SRS programs—for the mentally retarded and the aging are examples—offer lesser, but significant, amounts of Federal funds to support State and locally administered specialized rehabilitation programs.

The *total fund* made available by Congress and administered by the Social and Rehabilitation Service in 1968 was about $8 billion. In addition there are the large Federal sums provided from other HEW agencies (such as the Office of Education, the Public Health Service, and the Social Security Administration), as well as from the Veterans Administration, Office of Economic Opportunity, Dpartment of Labor, and Department of Housing and Urban Development. When the total Federal contribution to rehabilitation is considered, the funds are of such magnitude that it is important to see how they might be better used in the future.

Traditionally, our Federal agencies have sponsored categorical programs designed to help specific types of people. While many cooperative arrangements for broader programs have been conceived at the State and local levels, for the most part each type of public rehabilitation program has been financed independently of the others, and has been based upon a Federally approved State plan for the specific category served.

More recently we have seen a tendency at all levels of government to take a broader approach to the provision of social and rehabilitation services. Model Cities and unified State human services programs are examples of this new emphasis. The trend also has been toward combining funds to support these unified service programs. States, local governments and voluntary agencies have begun to experiment with combining various resources in order to better finance their programs.

For a more thorough discussion of the potentials of Federal financing you can refer to the paper entitled "Financing Rehabilitation Services."

In the next few minutes you will see five financing models presented by film and slides. In these you will note funds from various sources—Federal, State and local governments, voluntary agencies, private foundations, and business—combined in various ways to serve the needs of the community. These are only a few examples of what can be done to obtain the funds needed to provide rehabilitation services.

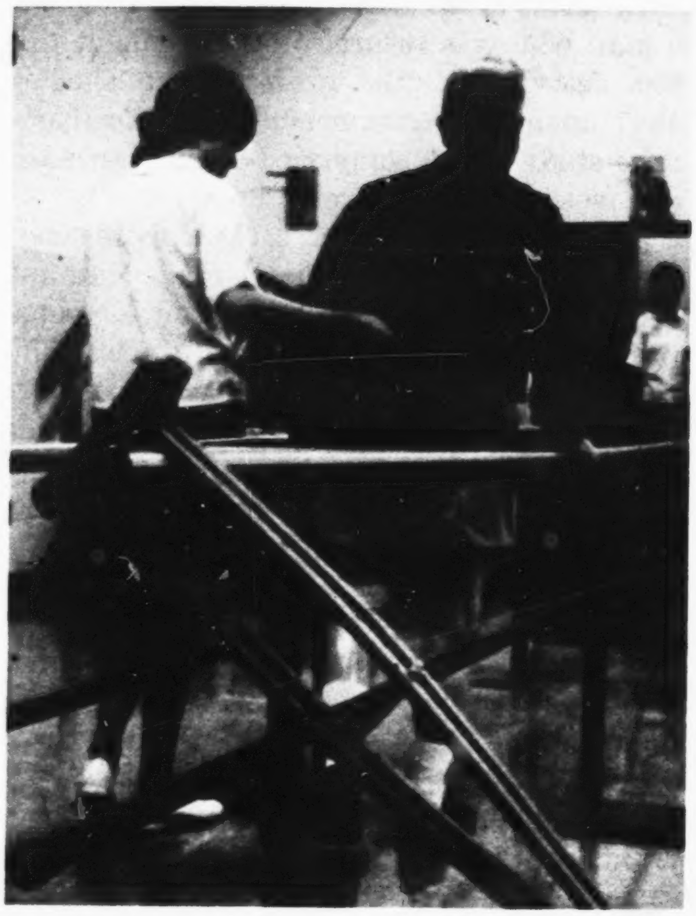
Visual Presentations

The visual presentations used at this session were produced for the Conference by Design Center, Inc., Washington, D.C. They include a filmstrip, a film-a-graph, and three motion pictures. All are in color; all are cleared for public service television. Groups can obtain the material without charge from the Office of Public Affairs, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D.C. 20201. Prints are sold by the Chief of Information, National Audiovisual Center, Washington, D.C. 20409. (See descriptions below for price and running time.) National and State organizations are urged to buy the material for circulation for their affiliates as the HEW supply is very limited.

Coordinated Rehabilitation Financing

This is a 35 mm filmstrip with record, one side with audible beeps for manual operation with any filmstrip projector, the other side with inaudible beeps, for automatic operation of a DuKane projector. The running time is seven minutes; the price is $10.00.

This is a case study of how New Haven merged funds from various sources to obtain a comprehensive rehabilitation facility. Scenes of patients and their activities liven the film which describes, in sufficient detail to be adaptable by other communities, how a New Haven project grew from an ability to serve 63 patients in 1953 to a program that served 2,500 in 1968 and expects to serve 3,000 in 1970.



The beginning was in 1953 when the Connecticut Easter Seal Society, the New Haven Cerebral Palsy Association, the New Haven Hearing League, and the State Board of Education for the Blind formed a working alliance to fund the New Haven Area Rehabilitation Center. Other sources of support were secured in the ensuing years—school districts pay tuition for handicapped children educated at the center; special fund raising drives have been held. Federal grants have been used—but always as seed money to start or develop new or more sophisticated services, with the full expectation that when the grant runs out, the program will be sustained by local funds or geared to earn an adequate income to support itself.

Continuity of Rehabilitation Services

The running time for this 16mm film is 10 minutes; the print price is $34.00.

In terms of what the service has meant to a man who was injured in an accident, this film describes a pilot project established in 1967 upon the recommendation of an insurance study group comprised of insurance executives interested in rehabilitation.

The project coordinates the existing services of the State rehabilitation agencies and the work of participating insurance companies in cases not covered by workmen's compensation. An employee of each insurance company serves as insurance rehabilitation coordinator for the project. His role is to screen claim reports and refer disabled people for rehabilitation services.

Through this approach, people who need rehabilitation services are reached early and receive treatment (much or all of which is paid for by the insurance company) and training until they are again employed or at least have obtained as much service as they can benefit from. From the financing standpoint, the significance of the project is that it brings together the financial resources of State and Federal governments and private insurance companies.

ECCO

The running time for this 16mm film is seven minutes and the print price is $24.50.

ECCO is a neighborhood corporation owned and operated by residents of a low income neighborhood in Columbus, Ohio. The film shows the members of the corporation in action: getting business establishments to locate in the area so that there will be more jobs for residents; operating an apartment house; cleaning a vacant lot for a playground; setting up and operating a Youth Center. There are about 8,000 people living in the 44 square blocks where ECCO operates. About a third are white, two-thirds black. All are poor. But the ECCO area people are real neighbors to each other. They have neighborhood workers to whom they can talk about individual problems and they hold many meetings. As a result, when their interests are at stake—school problems, welfare rulings or legislation—they present a united front.

As the viewer meets these people and sees what they have accomplished, he gains a fresh impression of what "people power" can accomplish even with very limited funds.

New Work for Greenville

The running time for this 16mm film is eight minutes. The print price is $27.75.

In the area of Greenville, Mississippi, jobs in agriculture are becoming increasingly scarce and it is hard to earn enough to support a family. Yet the people are not used to city life or trained for city jobs and if they migrated their life would not be better.

A private foundation, a private industry, and Federal and State governments have pooled resources to form a non-profit corporation to serve the people who no longer can look to farm work for a future. The program includes basic adult education, work adjustment training to familiarize people with the patterns of factory life, and workshops where specific skills are taught.

A growing number of firms are contracting with the corporation for needlework and other products so that ultimately, without subsidy, the people will be self-supporting. Interviews and work scenes tell the story in terms of what it means to the families who participate.

Making Ends Meet

This is a 16mm film-a-graph that runs 11 minutes. The price is $37.25.

As one of the characters in this film explains it "We call it 'mobilization of local resources', but what it amounts to is how to get along without the Federal Government—cause you gonna have to, man. You just cannot have your own people phased out."

The people of Perry, Georgia, reached that conviction when a Federally sponsored school closed in 1967 because the project grant had run out. They needed a day care center because most of the women in this black, rural community work in motels located on the nearby interstate highway. So they took over the abandoned school building, fixed it up and paid a few women in the community to care for some 30 small children whose mothers work in the motels.

The children get two good meals a day. They play, they rest, they receive nursery school type of instruction. And the warm, motherly women who staff the center see that each child gets plenty of personal and loving attention.

Once the need and value of the day care project was demonstrated, Federal funds were offered, but the impoverished community refused them. Why? Partly because of fear that the Federal funds would be suddenly discontinued, as had happened with the school. But also because of what the Perry people call "the strings," meaning the standards and requirements that would disqualify the mothers now employed in the nursery and that would set up a costly installation they could not hope to maintain if the funds were discontinued.

Elbert Jones, a representative of the National Sharecroppers Fund which helped to get the project started, explains the situation in the film: "The Government could give this center some money to operate. It would not take $50,000 to $70,000, as the guy told us. This Center operates on something like $400 or $500 a month. If they could give us that money without the strings, without the guidelines . . ."

How to keep standards flexible enough so that they will not put centers like Perry's out of business and yet will exclude centers that provide inadequate care—that is the problem this film poses.

Delivery of Services

Introductory Statement

E. B. Whitten, Director
National Rehabilitation Association

This is the last of the topical sessions of the Conference.

At the first session, we explored the feelings of people about their problems and about the services available to them. Next we pointed up the architectural barriers problem and the need to make the public more aware of the existence of this problem.

On the second day, we recognized the need for the consumer to have a voice in the development and delivery of services. We also recognized that it costs money to deal with problems. People are usually willing to talk about everything but how to pay for services. At this Conference, we faced that knotty problem.

An undercurrent theme in all the previous sessions, however, has been the service delivery system, so this morning we are going to explore in greater depth the problem of delivering services.

There are hundreds of service agencies responsible for meeting varied needs, but to obtain the particular service one needs it is often necessary to go through a complicated process. Sometimes it seems as if the system and its procedures have become more important to the personnel of agencies than the services that they are there to provide.

Many people are making a concerted effort to improve the service delivery system, however, and the film you will now see shows some examples of such effort.

Visual Presentation

The Gap

This is a 27 minute, 16 mm, color motion picture film produced for the Conference by Eli Productions, Inc., Washington, D.C. It has been cleared for public service television and can be obtained without charge from the Office of Public Affairs, Social and Rehabilitation Service, Department of Health, Education, and Welfare, Washington, D.C. 20201. National and State organizations are advised to buy prints for circulation to their affiliates as the HEW supply is very limited. Prints are sold by the Chief of Information, National Audiovisual Center, Washington, D.C. 20409. The price is $91.25.

There are hundreds of organizations in the United States that provide services to the disabled and the disadvantaged, yet millions of people who need these services do not get them. It is this gap between need for and delivery of services that the film explores.

Examples of the need are dramatized in the first part of the film:

Tom Binton, a three-time juvenile offender who needs psychiatric care, remedial schooling, vocational training, and other services if he is to be rehabilitated.

Don Warner, a black ex-convict who is alcoholic and unemployed and will need hours of counselling and other help if he is to get a job and make good on it.

Lucinda Jefferson, an immature and very dependent mother who will need skilled casework service to help her become mature enough to manage her home and her children.

Much of the film shows how communities are bridging some of the gaps in systems for delivering services. Examples shown include:

The Rural Health Project in Salinas Valley, California, set up by the Monterey Medical Society with a grant from the Office of Economic Opportunity. It serves migrants and other needy people in the county. In conjunction with the clinic program is a program for training migrant and other unskilled workers to become paramedical workers. One of their main jobs is to visit people and encourage them to use the clinic for immunizations and other preventive services as well as for the treatment of diseases and injuries.

Another example shown is the Rancho Los Amigos in Los Angeles which operates a spinal cord injury center. As the narrator points out: "In the conventional hospital, patients with spinal cord injuries are discharged with no improvement in their ability to function." At Rancho Los Amigos, such patients receive the kind of initial and followup care that enables them to live active, useful lives.

Scenes from the Texas Rehabilitation Agency and the Goodwill Industries with which it collaborates show the rehabilitation of people with invisible injuries: the unskilled worker who has become chronically dependent, the mentally ill.

Also shown is the Cleveland Rehabilitation Complex where a whole cluster of agencies, all located under one roof, provide a broad range of rehabilitation services to juvenile delinquents.

Briefer scenes of other "bridges" are also included in the film.

Panel Discussion

The final part of this agenda was a panel discussion by consumers and providers of services. The moderator was Ernest Myers. Discussants were: Ron Bostick and Dr. June Christmas of the Harlem Addicts Rehabilitation Center; Gene Bobeen of the New Mexico Council of the Blind; Petey Green, TV personality of Washington, D.C.; Mrs. Etta Horn, National Welfare Rights Organization; Craig Mills, Florida Vocational Rehabilitation Agency; Jack Nichols, Minneapolis Rehabilitation Center; Efrain Santiago, Puerto Rico Department of Social Services; and Dr. John Young, Good Samaritan Hospital, Phoenix, Arizona.

Mr. Myers introduced the panel members and, reminding them that time was short, urged them to plunge immediately into the "soul" issues.

Financial Issues

Dr. Christmas responded by suggesting that the panel members talk only about action. "If we go home unchanged and do things just as we did them before, this Conference will have accomplished nothing," she said. "We have heard many good approaches described here, but people say 'we can't really do these things because we don't have the money'. Money can be made available if we all push together. Don't hand us that stuff about no money" she advised legislators and other decision makers. "Figure out how to get it."

But getting money is not the only problem, Mrs. Horn pointed out, planning how to use it effectively is equally important. "Let the poor and other consumers of services be in on your planning," she said. "Let them be in on deciding where the building will be and what is to go on in that building. Then your hospitals and clinics won't be overcrowded and understaffed, won't be segregating people—one side for the rich, another for the poor."

Mr. Santiago posed another problem—paper work. "I think most of the money, or at least quite a chunk of it, is spent just on paper work. We should have more money going directly to the people and less to people here in Washington who are just working on paper." He also attacked the custom of making numerous studies. "We make studies and studies of studies. They go into the files; no one pays any attention to them. But people make millions from conducting these studies."

Dr. Young agreed that this country has plenty of money and that the problem is how to spend it more wisely. "I would like to see more excitement generated in this country about programs to provide jobs within the framework of private enterprise, with government supporting, but with private enterprise taking the lead." Although big business effort should be encouraged, little private enterprises should not be overlooked, he explained, calling attention to some of the films which showed the achievements of small enterprises. "What we want from the government is a little imaginative, even visionary, leadership, not a gratuity," he said.

Mr. Green also agreed that the country can afford to finance needed services and warned that it will be in trouble if it does not do so. The disadvantaged, he said, "know three words that will get them money—'stick 'em up'."

He noted, too, that money can be found for services the influential and affluent want maintained. The police stations, the fire department, the hospitals are open 24 hours a day—but the welfare office closes at 4:30. "It's like you want people to be locked up 24 hours a day—and you want them to be hungry 24 hours a day too."

He cited the drug problem as a case in point. "When the drug problem was just little black boys using drugs, important people didn't care about it. But now that the drug problem has reached the suburbs, now that little white boys and girls are using drugs, all of us are coming together. Martin Luther King couldn't bring the people together. All those who make speeches and write books couldn't do it. But the devil thing called narcotics is bringing us all together."

Attitudes of Providers of Services

There may be worse troubles ahead, Mr. Green warned, if services do not become more adequate and if they are not given in a more humane way. "All of you social workers, stop trying to define the big words," he advised. Elaborating, he accused them of being shocked when a client used obscene words and turning a deaf ear instead of trying to find out what frustration, what desperate trouble caused him to choose words for the express purpose of trying to shock the listener. "When a person who comes in your office smells bad, don't pull away from him, draw closer. He can see you pull back. If you are dealing with people, you have to like people."

Mr. Green told the audience that, being an ex-convict and an ex-drug addict, he had often been on the receiving end of services that were given without sympathy or understanding. He told about a school official who couldn't understand why he could be so bad when his school attendance record was so good, unaware that he came to school only because it was warm and his house was cold; about a social worker who "treated my mother like she was dirt" when she came to find out if his father was living in the house; about a judge he came before when he was 16, who cared only that he had held up a gas station, not that he did so because he found the streets preferable to a home where adults drank and fought all night.

"I know what it is to be hungry; I know what it is to be poor. And I know that if the social workers and the people who make policy don't stop riding back to their homes in the suburbs and forgetting about the people in the inner city, there is going to be more than burning and looting. There is going to be plenty more than that."

Mrs. Horn and Mr. Bostick also underscored the problem of attitudes and the importance of treating the poor and other disadvantaged with dignity.

Mr. Bostick described a conversation he had heard in the hotel lobby the previous day when he was selling the book, "The Silent Sound of Needles." One man asked another, "What are they selling?" His companion replied "A book about those junkies." Even telling about it, Mr. Bostick winced. "It struck me," he said; "it struck me hard."

Drug Addiction Problem

"Drug addiction is a wide, wide problem," he continued, "and there are very few services for addicts. In Harlem, there is no facility for females and there are 25 female addicts for every 50 male addicts in that vicinity.

"Take the drug problem home with you. Pack it in your suitcase. Open services for drug addicts in your schools, in your churches. I am only 18 years old, but I had used drugs for three years before I became an ex-addict a year ago. Do something about drug addiction and you will lower the crime rate—most crime is due to drug addiction."

Dr. Christmas agreed. "But do you know what drug addiction comes from?" she asked. "It comes from people making money selling drugs. Service to addicts is not enough. We must stop that big billion dollar business that is protected by the government, the police, the big people downtown."

Mr. Mills responded to Mr. Bostick by saying: "If you have any doubt at all that your message has reached the ears of rehabilitation people, you can put your doubts aside. One of the fine things that has come out of the Conference has been the way people like me have been exposed to this problem. We are deeply concerned about it. But I think if we are to make a massive attack upon it, we must use pilot projects, pitifully inadequate though they may be, to demonstrate the job that can be done. We must use these demonstrations to win the interest of the country, of the power structure, of the legislatures and the Congress, so that we can get for drug addiction the kind of priority and the kind of funding that will make a massive effort possible."

Mr. Santiago told the group that Congress is currently considering a bill which would authorize an appropriation of $3 million for the first year to attack the drug problem. "How are they going to cover 50 States plus Puerto Rico and Guam and the Virgin Islands with just $3 million?" he asked.

Mrs. Horn claimed that inadequate welfare grants contribute to the problem. "When children can't get clothes and other things they need, they will sell dope for the peddlers and, eventually, they will start using dope."

Summary Statements

Mr. Nichols: I think one of the biggest barriers we face right now is that agencies have not been forced to state precisely their own objectives—what specific services they offer and what people are entitled to receive them. I speak from my own experience in a project which involved relocating people from small rural areas to a large urban center. We worked with various agencies, trying to find out what services the newcomers could obtain if they needed them. We found that the agencies had many different eligibility requirements that were not based on people's needs or on the services that were offered but were purely arbitrary, such as age limitations. They also described their services in very general terms, such as "counselling" or "casework." I think one of the things we need to do is to get agencies to specify precisely what they are trying to do. Then the next step is to measure to what extent the agencies are doing what they say they are trying to do. With these two steps, we can begin to measure where our delivery systems are weak and be in a better position to improve them.

Mr. Mills: I think if anything at all comes out of this Conference it is the increased awareness that the people represented at this meeting must work together if we are to get the kind of total attention, in the cities and counties, in the State legislatures and Congress, and in the country at large that will make it possible to fund the services we have been talking about.

Dr. Young: As a doctor, I think in terms of symptoms and I think all of the things we have been talking about reflect a common symptom: deterioration or breakdown in meeting their responsibilities on the part of government, of private business, and of individuals.

Secondly, I think we should pay more attention to preventing the basic conditions that make rehabilitation services necessary.

Thirdly, I am irritated by the word "consumer." We are all consumers and I hope we are all producers. As consumers, we have a traditional way to control what is produced: our ability to buy. But if the product is given to the consumer on a take it or leave it basis, he has no control. Therefore, it is important for the consumer to purchase what he wants and this applies to health and other services as well as to products.

Mr. Bostick: All I want to say again is, take the problem of drug addiction back to your community and see what you can do about it.

Dr. Christmas: I think the Number One domestic problem which we face is that of white racism. And closely related to this is the issue of priorities—priorities that put human services above war and destruction.

Mr. Bobeen: I think we need to give more consideration to the multidimensional nature of rehabilitation problems. Rehabilitation is not simply providing a wheel chair to a paraplegic or a seeing-eye dog to a blind man. It is providing education, social services, good health, whatever enables a man to stand with the other men on an equal footing. We must re-evaluate our national priorities, putting more emphasis on people, less on things.

Mrs. Horn: The thought I want to leave with you is: go home with a determination to *do* something and involve the consumers of services. If they say "give us the money, we want to do it ourselves," then help them to do it themselves.

Mr. Santiago: Programs should be liberalized. Some require certain formal education for persons employed in programs for the poor, but many persons without formal education have a bigger heart than some who have the paper qualifications.

I also think we have too great a tendency to wait until the last minute to tackle problems. Here in Washington, for example, there was much talk about the need for better housing, but it was only after people began burning houses in a low income area that $100 million was appropriated to fix up that area.

To finish, let me say that I think we should stop talking about white, black, Puerto Rican, Mexican-American, Indian, Jewish or any other minority group and start working together to make this Nation the greatest in the world.

Mr. Green: Be ye red, blue or green
Let me tell you just what I mean
Though it be bad or sunny weather
When you leave this Conference
You better leave it TOGETHER.

Group Discussions

The division of the conferees into 30 small groups for informal discussions proved highly successful as evidenced not only by the liveliness of these sessions but also by the continuation of discussions—in the hotel lobby, in get-togethers in participants' rooms, and in the impromptu meetings and caucuses described in the following section.

Except for one group, which was comprised entirely of Spanish speaking delegates so that they could express themselves freely in the language of their choice, all of the groups were a mixture of providers of services, consumers of services, and leaders of organizations that are influential in the development of service programs. People whose interests were primarily in rural programs were grouped together as were those with primarily urban interests, There was wide geographical distribution in all groups. Interpreters for the deaf were present in about half of the groups.

Long before the Conference ended everyone was doing what a consumer urged professional members in her group to do at the first session:

"Speak freely. Get off your chest what you *really* see as problems. Don't just say what you think your boss wants you to say."

As frankness increased, so did the feeling of camaraderie. Differences of opinion on specific points fell into perspective with growing recognition that on the big issue—commitment to meeting human needs as the Nation's *first* priority—everyone thought alike.

Recurrent Themes

"Everyone knows what's wrong. Let's stop 'dialoguing'; start 'implementing'," said a consumer, carefully choosing his key words, just in case the professionals no longer understood the language of ordinary Americans.

That he spoke the truth was obvious from the content of discussions in all of the groups. The needs were assumed; the emphasis was on what to do about them. Instead of focusing on the specific topics raised at the general session which preceded it, all of the groups returned time and again to the underlying problems that were common to all of the specific topics. Among these recurring themes, the following were predominant:

Service Systems

How do you get services to the people who need them? How do you get people to use the services they need?

Sometimes the participants felt that this crucial problem defied solution. "Maybe it's time we admitted that our society has become so complex it can't run anymore," said a participant during one of these periods of frustration. "Or maybe we should each just 'do our own thing' and forget about the rest," said another, only slightly more optimistic.

Most of the time, however, the discussants in all the groups took a hard look at the problems—including their own shortcomings which contributed to them—and refused to consider them insoluble.

Said one professional: "We are so absorbed with providing services in our own realm that we become isolated. Our professional responsibilities are themselves a force that keeps us from taking on a broader role —for example, in social action."

"Don't be so hard on yourself," replied a colleague. "You know that our facilities are so inadequate that we are scared stiff to open the door to more clients. We can't serve those we have properly."

Everyone accepted the need for more money, more manpower, and more research and demonstrations to develop less costly and more effective services, but almost everyone felt that existing resources were not being used well enough. Red tape, rigidity, agency rivalry, duplication were among the sins cited.

Just getting information is often needlessly hard and complicated.

"Why should you have to go to 8 or 10 places to find out whether a service exists?" someone asked.

"I've made it my business to learn about the resources in my community," said an energetic clubwoman, "and when people get bogged down in the red tape, I help them find out where to go. I've often thought it would be a great help if there was just a directory of agencies and their services located in some convenient place. People get disheartened before they find help."

Few would settle for so minimal a plan however. Multi-purpose neighborhood centers were advocated. Not only should these centers be equipped to provide information, but they should be staffed with people who would follow through to see that those who came to them actually received the services they needed. Some felt that all the major services should be provided right in these centers. If agencies would pool their funds, if they would put their money into storefront offices, mobile services, and other inexpensive neighborhood facilities instead of big, centralized headquarters, they could accomplish much more with the resources they have.

Yet no one believed that all types of services could be decentralized. Some require such costly equipment and highly trained specialists that they must be centralized. To this problem the answer was: subsidized transportation. If the government can pay for mail to be delivered to every isolated farm, why can't it pay for minibuses, use school buses in off hours, or otherwise transport people to the services that must be centralized?

One mother reported that her crippled child was getting no education because the school bus would not carry handicapped children.

Services seem especially remote when emergencies arise on week-ends or after office hours. A "HELP" dialing system which could be called at any time about any type of need was proposed in one of the groups. Such a service would also be useful to people who cannot express themselves clearly in letters.

One discussant suggested that perhaps the real problem was not to have professionals "get out from behind their desks" and take services to people, but to get people to seek the services that would help them. "I thought this Conference was going to show us how to succeed in getting people to rehabilitate themselves," he said.

The majority in all groups agreed that both problems existed. There was strong support for employment of neighborhood people—"indigenous workers"—to find people who needed service and to motivate them to use it. One person reported that a hospital in her community had hired a neighborhood "coordinator" who visited clinic patients and persons recently discharged from the hospital to find out how they were getting along. Within three months, impressive results were evident: many more patients were keeping their appointments for followup treatment and additional health problems were also being discovered and treated.

A reason why neighborhood workers may succeed where others fail was suggested by a participant who commented:

"Ghetto people have so often been slapped down by the 'helping hand' that they don't trust outsiders anymore."

Almost everyone seemed to feel that the Model Cities program offered a great opportunity for innovative approaches to the dual problem of making services more readily available to people and of motivating people to take maximum advantage of the services offered.

Financing Problems

From their experience with Model Cities and other Federally aided programs, however, many participants had come to regard Federal support as a mixed blessing.

As one person explained: "A local group starts with a unique idea, consumers are involved—but funds are needed. In obtaining the funds, Federal and State guidelines are thrust upon the project; procedure becomes a priority; the project becomes larger than originally envisioned; and *creativity dwindles.*"

Many participants referred sympathetically to the film on a day care center in Perry, Georgia, which could not get Federal aid because of rigid requirements on standards.

Just writing up a project proposal is so complicated that consumer groups would need professional help to do it, one person said. "It's a June to December job," commented another.

There was considerable support for suggestions favoring block grants; some thought the block grants should go to the States; others thought they should be paid directly to communities. Proponents of the latter thought direct grants would avoid loss of momentum due to the time spent in processing and would prevent alteration of the original plan. Without a drastic change in the present "power structure" of local communities, however, many felt that direct, block grants might present more problems than the present system does. One person said: "Federal guidelines for Community

Action Programs call for participation by the poor; but local interpretations of these guidelines killed participation by the poor."

A change in the fund allocation system was suggested by one discussant. He proposed that the equalization principle—taking average per capita income into consideration in allotting grants to States—be extended to local communities. This would assure that the Federal aid went to the community's impoverished areas. It might help to prevent "political wheeler-dealing and misuse of funds."

It was generally recognized that the present Federal aid programs have many assets. Among those cited were the stimulus given to "innovating in fields which otherwise might remain unplowed," and the effect of Federal standards in raising the quality of facilities and services. One group suggested that if a required performance level was not reached by a program, it would be better to send in help than to withdraw support.

The paper on financing which had been prepared for the Conference was frequently referred to and many agreed with the author that every effort should be made to put State and local public and private funds into programs where the Federal matching ratios are most favorable. Since the Federal laws require that the Federal Government put up specified percentages of funds to match State and local monies, this would automatically increase the amount of Federal funds invested in meeting domestic needs. Participants agreed with the author of the paper that these "incentive" provisions have not been used very astutely by the States.

The unreliability of public funding came in for considerable comment. Money is obtained to start a program, hopes and expectations are raised, then the money stops and frustration sets in. As one person said: "It is a must for State and Federal governments to develop priorities and constructive plans for following through to success rather than jumping to another 'second class' priority."

Some group members, feeling that the further the source of funding was removed, the greater the disadvantages, advocated that the private sector be looked to for more support. There was general agreement that private sources of funds should be expanded but real question as to whether, at best, private funds could do more than make a dent on the vast need.

The general conclusion seemed to be expressed by one who said that partnership of Federal-State and local governments must be maintained "but we need to be sure we have true partnership—on all levels."

Consumer Involvement

Not surprisingly, since consumer participation was such an important feature of the Conference, everyone was for it. But as the skit "Amen Corner of Consumer Involvement" portrayed in humorous fashion, not everyone who said the same words meant the same thing.

Some favored limited involvement because they believed professionals were in a better position than consumers to know what services would help them most. A representative of a consumer group replied to this by saying that consumer-controlled programs would not mean lowering of standards—as consumers they would demand a high quality of professional service. One consumer remarked: "The same characteristics or personality factors you object to among some consumers are also present in some administrators. Why not let the consumers make the mistakes for a change?"

In more serious vein, everyone recognized that greater consumer involvement could strengthen all types of service programs.

One effect would be to broaden the areas for employment of non-professionals. A strong consumer voice in policy and decision making would help to counteract the tendency of professionals to cling to duties that do not actually require formal, professional training.

Many felt that more consumer involvement would also speed up action. "They want first things first—and fast," said one discussant "but because of the paternalistic tradition of service programs we feel we must move gradually and make no promises." Yet the process of change must be speeded, everyone agreed, or serious social breakdown will occur.

Another advantage is that consumers will use services more effectively and enthusiastically if they have an assured role in the planning, operational, and evaluative phases of a program. With competent consumer influence, programs will give consumers what they need, not what others think they need.

Much discussion centered on techniques for consumer involvement. Several people felt that agencies need more concrete ideas, guidelines on how to involve consumers in decision making, strategies. "Right now, agencies are floundering around because they just don't know *how* to involve consumers," said an agency administrator.

Consumers have their problems too. Someone pointed out: "If consumers want to organize to help themselves, they run into State laws that frustrate their efforts—such as requirements that an organization must be in existence for two years before being eligible to receive public funds. Some private foundations have the same requirement."

"We shouldn't make people want more before we develop ways to help them help themselves get more," one discussant observed. Among the ways suggested were:

. . .Establish a legal process, possibly using the referendum approach, by which the users of services are involved in the process of developing legislation, regulations, and guidelines.

. . .Begin by placing only a few clients of agencies on boards, but have them strongly represented on advisory committees, then move the most effective committee members onto the boards.

. . .Have consumers of services represented on State councils and advisory committees. Develop a State and local consumer-of-services protection network with adequate consumer involvement.

. . .Use consumers to help diagnose where breakdown in service occurs—the red tape, the employees who are detrimental to the delivery of services.

. . .Provide professional planners to help consumers who have had no experience or education about planning service programs.

. . .Offer orientation and training programs which include techniques for working effectively within the power structure, the legislative process, etc.

. . .Use the pattern of the labor unions—have a consumer representative negotiate for the consumer group.

. . .Survey community needs through street interviews; often what you think are independent views are group views—"This kind of sensitivity is better than office speculation and theory."

. . .Consider funding consumer participation as part of budgets when grants are made. (See also next section on Consumer Caucus and the resolution for compulsory representation.)

Other proposals for assuring greater consumer involvement included holding night meetings so working people could attend, getting employers to release employees for some meetings, paying consumers to serve as consultants. "Even though their English may be poor, their ideas are often good," one member said.

This opinion of consumers was underscored by the closer relationship between consumers and other group members that was developed during the sessions. "We are getting a different perspective about the other fellow's problems," said a businessman. "We recognize the urgency to do something." A professional added: "We need the criticism of consumers on our practices and the ways we treat them. Many of our practices are dehumanizing in ways that we are not aware of."

Broader Citizen Involvement

Consumers of services are not the only segment of the public that need to become more deeply involved in service programs. There were many references to the need for volunteers from all walks of life. For example, citizens could form watchdog committees to insure that public funds were being used for the good instead of the detriment of consumers. Such committees might have prevented urban renewal programs from ignoring the needs of residents of blighted areas.

Even professional people—physicians and nurses were specifically mentioned—need to become more involved in social problems because their training focuses mainly on technological knowledge and ignores training in social responsibility.

One participant described how 25 clergymen in his community volunteered to accompany police on the midnight to morning shift, two nights a week, and gained fresh insight into the social problems of their community.

In one of the groups it was suggested that Chambers of Commerce organize programs to have their members interview the unemployed, the welfare recipients, the disabled, and others to get views on programs they should support.

Another suggestion was to put younger people (under 30) on agency boards, harness their idealism.

It was reported that one area had set up a Regional Hospital Council on which groups from all economic and social levels are represented. No hospital is built in this 12-county area without the Council's approval. State human resources development agencies might be used as a vehicle for building other such broad-based community bodies.

The need for legislators to become much more closely involved was mentioned and several participants expressed some concern that those who "call the shots" in the Federal Government were not present at the Conference.

One participant perhaps summed up the feeling of all when he said: "We all need a touch of greatness, of leadership. For it will take all the bureaucrats, all the private citizens, all the professional and voluntary groups—all of us who want to fight the terrifying corruption of our world—to find the answers to these problems. May we find the power to do so as a common group and as individuals."

Evaluations

Evaluations were stressed as the best way to assure that programs do a good job and that funds are well spent. One group suggested that a high priority should be given, in funding programs, to the role of evaluation of systems and procedures for delivering services. Another group advocated that evaluative mechanisms be built into programs immediately to assure quality of services. A third proposed that there be a method for evaluating quality as well as quantity in case-finding. Another focused on the need for an evalution of the personnel responsible for handling claims for disability benefits. One discussant suggested that the test of a successful vocational rehabilitation should be whether the client is still working a year after his placement on a job.

Job Training and Employment

For most of the disadvantaged and disabled, the groups felt that employment was a major need and much of their discussion dealt with fitting them for jobs and fitting jobs for them.

A problem with some of the present job-training programs is that they sometimes train people for jobs that do not exist in the area. Another is that they concentrate on skill training and neglect work adjustment, motivation, and other elements of training that are especially important for the hard core unemployed. Lack of opportunity for advancement for persons on the lower rungs of the occupational ladder was also cited.

Private industry should do much more to train and employ people, the groups felt. They recognized that the private sector was doing quite a bit, but not nearly enough to make any real impact upon the problem of hard core unemployment.

It was suggested that public programs had not made as great an effort as they could to involve the private sector. In one community, a conference was held with all the industry personnel directors within a 100 mile area and each was asked to employ one out of four of the hard core unemployed who had completed the job training course. All accepted at least one and one company accepted all four.

A labor union has taken over an empty warehouse in a large city and set up a school for the hard core unemployed. Remedial education as well as on-the-job training in special skills is offered. When an adequate level of skill is achieved, the trainee is admitted to the union. Over a two year period, only four of 150 who have been trained have failed to make the grade.

Tax credits were cited as a good way of getting industries to establish plants in areas where chronic unemployment is a problem.

Some participants felt that employers tend to hire over-qualified people when a disabled or disadvantaged worker could do the job well and be challenged by it.

Some group members felt that there should be special emphasis on employment opportunities for the disabled, with employment services maintaining special files on them so that they could be screened more readily.

Discussion of jobs for women who have families to support showed a mixed reaction. The present effort to find them work so that they will not need welfare is often unsatisfactory. The jobs do not pay enough to make it worthwhile and the children are left with babysitters or in inferior day care centers. One consumer urged that mothers be trained for challenging jobs in society and their children guaranteed good day care. Someone suggested that industries and retail stores provide home work so that mothers could earn a living without having to leave their children. Others feared that such a plan might mean a return to the old "sweat shop" system.

A general comment was that more money needs to be invested in job training programs. Present programs do not train enough people or give enough training to those they do serve.

Transportation

The inadequacy and high cost of public transportation was frequently cited, not only as an obstacle to employment, but also as a deterrent to the use of rehabilitation services.

In some discussions, subsidized transportation for special groups—the elderly, the disabled, the impoverished—was advocated. Subsidies to support the extension of public transportation services to areas that are not served, or adequately served, were also suggested.

Examples of industries that furnish transportation to their workers were reported. One company buys cab service for employees who work the midnight shift.

A program to help the severely disabled was suggested: recruit unemployed youth and train them to operate a special taxi service for the disabled, using especially equipped vehicles.

Education

The need for improvement in educational programs, for adults as well as children, was stressed. As one person said: "Education will instill values, both moral and materialistic, and build up motivation for achievement."

Remedial adult education was described by one as "a major essential ingredient in the rehabilitation of the disabled and disadvantaged." She urged a "massive, coordinated, national program to provide it."

The school experience of children should include activities that develop good work attitudes and aspirations for successful careers. Children should also learn more about social problems. One discussant suggested that it would be better to drop some conventional academic subjects, if necessary, rather than to keep students from learning about the work of rehabilitation and other community service agencies.

More personal attention is another need—tutorial services, guidance counsellors serving children from the first grade on to see that they do not fall behind. Another suggestion was that youth who graduate from high school should receive maintenance payments until they find a place in the world that promises to give them an opportunity to fulfill their potentials. Street schools, and other innovations that give relevance to education are also needed.

In rural areas, one discussant pointed out, responsibilities of the school system should extend to the health field. The school is in the best position to identify the children of the community who have health needs and to see that preventive, treatment, and followup measures are taken.

Too rigid requirements for teaching certificates were cited as a problem by one participant. Another pointed out that the two professions that are most reluctant to employ disabled people—or to encourage them to take professional training for careers in their field—are education and theology.

Barriers

The session on environmental barriers to the disabled sparked the groups to talk about barriers on a much broader scale. It is not only the tangible barriers like steps and curbs that have a handicapping effect, but most particularly attitudinal barriers which often prevent both the disabled and the disadvantaged from realizing their full potentials.

Many felt that the needs of the deaf had not been given sufficient attention. A consumer in one group described his feelings when traveling on an airplane—what was the pilot saying, was he reporting trouble or merely calling attention to an interesting scene below? Another told how difficult it was for him, watching the televised report of President Kennedy's assassination, to determine what really happened. Even the films and TV spots shown at this Conference, as many pointed out, were uncaptioned. Everyone seemed to feel that much more could and should be done to caption news reports, weather warnings and other emergency situations, and TV and films generally.

One group called attention to the difficulty some disabled people have in getting the type of clothing they can use and wanted clothing added to the list of barriers that should be dealt with.

Transportation was again emphasized: "If a person can get from his home to where he wants to go," said one, "he can usually handle the other problems of being handicapped." Education was also emphasized. One deaf participant claimed that there was not a public high school equipped to provide adequate instruction for the deaf.

In coping with the problems of architectural barriers per se, the groups had many suggestions: write letters to the owners and managers of buildings; organize local groups to work for codes, laws and regulations and to see that those that exist are enforced; provide financial incentives to businesses to make their facilties accessible; have the Department of Health, Education, and Welfare develop a model code and urge the four national building code organizations to promote it; step up promotional and educational campaigns; see that no barriers are permitted by Model Cities programs.

Drugs

While much of the discussion in all groups dealt with basic services needed by all types of disabled and disadvantaged people, drug addiction was singled out by many of them for special attention.

Why the increased use of drugs by youth? How can we understand the problem? What can be done about it?

Questions were far more prevalent than answers but the former drug addicts were able to supply some suggestions: parent education; improvement of the social milieu; school cooperation in identifying potential addicts; police cooperation in dealing with addiction as an illness; treatment facilities; and particularly, strong measures to break up the big syndicates that control the illicit drug business.

One discussant, an ex-addict, asserted that the physical addiction is only 10 percent of the problem, the other 90 percent is mental and often related to problems of childhood. He denounced the use of methadone as a treatment that is not only ineffective, but harmful. He felt that ex-addicts were the best people to help addicts.

Residential treatment centers and strong community efforts to persuade the addict to kick his habit and to help him find a job and go straight were other measures advocated by ex-addicts.

Some discussants compared the drug problem to the problem of alcohol in prohibition days and believed that the present laws strengthen the underworld activities: "It is the Mafia, the police bribes and payoffs that keep the system going." On the other hand, at least one discussant advocated even more stringent laws plus strong disciplinary action in the home.

Films

The visual presentations were widely acclaimed and many groups issued strong recommendations that prints be made readily available to local groups. "I could get 10,000 people in my community—key people—to view that film on architectural barriers," said one. Equal enthusiasms were expressed for many of the others.

Some participants felt that the films would have been stronger if they had included solutions as well as problems. Others thought the producers were right in simply dramatizing the problems, thus encouraging the groups that sponsored film showings to include discussion sessions where ideas for local solutions could be presented. It was considered by some to be especially important that the films on disabilities be tied in with a discussion of the specific disability.

Some expressed the fear that the films might stimulate applications for service which could not be met with present resources, thus raising false hopes.

The Advertising Council campaign, urging the disabled to apply for rehabilitation services, is already having the effect of stimulating requests for services that cannot be met some reported. Others, while aware that many who responded to the campaign either were not served or did not really need service, thought that it was nevertheless very worthwhile because it did bring in many who could benefit.

Other Recurrent Themes

As in most meetings devoted to human needs, there were many references to the necessity of treating the "whole person," the importance of preventive measures, the fragmentation of programs, difficulty of communicating, etc. There were also the usual complaints that a particular group or interest was not receiving as much attention as its dedicated supporters felt it should.

Controversial Issues

The two issues that aroused the most heated discussions were the "lumping together," as some participants described it, of the problems of the disabled and the disadvantaged and the proposal for a guaranteed adequate annual income.

Bringing the Disabled and the Disadvantaged Together

Although rehabilitation agencies have always been interested in helping disabled in all socio-economic groups, people with middle and working-class backgrounds have traditionally been most likely to seek services and have been predominant in the leadership of the many voluntary organizations formed by people who share similar disabilities—or by people who have family members suffering from a particular disability, such as mental retardation. People who, because of their poverty, their alienation, or their ethnic or cultural differences, have been cut off from the mainstream of society have played a relatively less significant role in the rehabilitation movement.

On the other hand, increasingly in recent years, the alienated have developed their own organizations and their own leadership. Among many of these organizations and individuals there is considerable distrust of groups who are well established in the mainstream of society—whether they wear the blue collar of the skilled worker or the white collar badge of the middle class; whether they walk or ride a wheelchair.

Therefore, the basic premise on which the Conference was organized—that the disabled and the disadvantaged have a common need for services and should band together to get them—was a new idea to both. Almost everyone came to the Conference with questions and some bewilderment. Some came with real skepticism and, throughout the Conference—just as throughout the one-and-a-half years of planning by leaders of both groups—the issue was often debated.

One group decided at one point that the two interests could not be mixed and, therefore, divided themselves into two sections. But, by the same process that had caused the planners to decide that such a Conference was not only feasible but desirable, the discussion groups also found their interests merging as members got to know each other better.

A major concern of both the disabled and the disadvantaged was voiced by one in these terms: "Dedicated people do not have the patience to work on problems outside their area of critical interest."

Those whose interests were primarily in disability, a problem that readily wins public sympathy, feared that their ability to get support for improved and expanded services might be impaired if less popular causes—poverty, drug addiction, etc.—were merged with theirs.

Those primarily interested in the problems of the disadvantaged also feared for their image. The public tends to think that poverty is entirely due to personal deficiencies and, since physical disabilities *are* personal, the merging of the two interests might reinforce the false assumption that poverty is due to personal rather than to social disfunction.

There was also some tendency by representatives of both interests to feel that the Conference agenda was over-blanced on one side or the other. "So far," said one discussant at the second meeting of his group, "this Conference has been like the tail wagging the dog—the tail being the disabled and the dog being the disadvantaged." Conversely, another said, at the third meeting, "This is turning out to be a civil rights meeting and is not concerned with the disabled. I might as well leave because I am committed to other things than civil rights."

Among those whose major interest was in the needs of older people, a "plague on both your houses" attitude was evidenced by some who refused to consider that either disability or disadvantage was the major problem of the elderly but also felt that they had needs which were not being met.

Representatives of all groups raised questions about the practical application of the philosophy of a common need for rehabilitation services, flexible enough to help with the varied problems of all handicapped people. There was general agreement that welfare programs had failed to provide the services that would help the disadvantaged overcome their social and economic problems, that the welfare programs have destroyed initiative and perpetuated dependency, and that they were set up more to assuage the guilt feelings of the affluent than to give genuine help to the deprived.

But there were also doubts regarding the feasibility of rehabilitation agencies extending their services. Part of the doubt stemmed from awareness of the vast number of disabled that these agencies were not yet able to reach and serve because of their limited resources. Other doubts were summarized by one who said: "Can rehabilitation personnel, accustomed to working with disability, switch to working effectively with disadvantagement? Do they have too vested an interest in disability? Will they be too scared to take on the poor? Will they know where to start?"

One suggestion for dealing with the problem was to combine welfare and rehabilitation offices, both locally and at the State level, to assure that welfare recipients received services as well as financial aid. Another suggestion was to reduce the responsibilities of both welfare and rehabilitation agencies by expanding the job training programs of the Labor Department and employment agencies and the various service programs supported by the Office of Economic Opportunity, Model Cities, and other governmental units.

The motives behind the proposal to merge the interests of the disabled and the disadvantaged were questioned by some. Was it just a device to"play off one group against the other"? Was it designed to be a safety-valve, giving the dissatisfied a chance to "let off steam" and thus weaken their determination to resort to more drastic measures? These doubts were expressed mainly by some of the younger and more militant leaders of the groups interested in the disadvantaged.

Some participants reacted with resentment and indignation to such questioning of motives. Others took quite a different view: "Don't condemn that young man who said that a conference like this is futile," said a middle-aged businessman. "He is the hope of the future, his skepticism is healthy. Conferences can be, and have been, rigged; even if you include consumers, you can pick ones who are 'yes men'. The dissension that is so freely expressed in this Conference proves that it isn't rigged—but it is skepticism that will help to keep other efforts like this one genuinely open and honest."

That the free airing of questions, doubts and differences did pay off became increasingly evident as the days went by. Ultimately, almost everyone came to feel that merging the interests of the disabled and disadvantaged was a sound idea and would advance the causes of both. Some of the major reasons for such whole-hearted acceptance of an idea that had been new and strange to most of the participants were:

Priorities: The very urgency and militancy with which the representatives of the disadvantaged pressed their concerns gave the representatives of the disabled a new appreciation of the power they wielded. Even if only for reasons of national security, since a Nation cannot be strong if its population is alienated, it seemed inevitable to many that a shift in national priorities must come soon. All human services, including those geared specifically to the needs of the disabled, would benefit from this shift. Many who had feared that a merging of interests would mean that there was no "clout" in either area came to a genuine realization that in union there *is* strength.

As a member of one group summed it up: "The time has come to quit talking about our pet theories and individual interests and to determine what priorities we want for our country and the strategies that will get them."

Mutual Help: Just as the representatives of the disabled became aware that the sheer number and force of those concerned with the disadvantaged would give momentum to the movement to expand all human services, so the representatives of the disadvantaged became increasingly aware that they had much to learn about strategies from the disabled and their representatives. Instead of being envious of the special considerations, legislative and otherwise, that had been won by the blind and other groups of disabled, they began to see how effectively these groups had worked to bring about such gains. More and more often, when questions of strategy arose, leaders of the disadvantaged turned to leaders of the disabled.

Advocacy: The necessity of having powerful, articulate, and numerous advocates of human services was agreed to by all. There was strong support for Whitney Young's proposal of "a coalition of the concerned" and at least one person proposed the formation of a national commission whose primary function would be advocacy. There was some feeling that the Department of Health, Education, and Welfare should be a stronger advocate of the rights of its constituents than it had been in the past. Several people wanted to have a letter of congratulation sent to the Secretary of HEW for, as a labor union man expressed it: "having the guts to support this type of conference." The leadership of the Administrator of the Department's Social and Rehabilitation Service was also frequently mentioned as a major factor in making the Conference possible.

Common Needs: As time went on, both groups began to see that their service needs were not so different as many of them had at first assumed. Both groups suffered from shortcomings in our present educational system. Both groups encountered prejudice in getting jobs and in moving up on the career ladder. Both found themselves seriously handicapped by the deficiencies of our public transportation systems. Lack of suitable housing—whether because of rats in the tenements or too narrow doors in the middle-class apartments—was another common problem.

But beyond and over-riding all specific issues was the shared frustration over living in a society which, as one person said, seems to care far more "about putting a man on the moon than about putting a man on his feet." All yearned to help create a society so committed to human welfare that "a client can walk in and get the services he needs right away;" where "anyone can get the services he needs, when he needs them, and appropriate in amount, order, and quality." And almost all were hopeful that if the goal of humanizing America could really get through to the American public, it would command such enthusiastic and overwhelming support as to achieve supremacy over present military and space priorities.

A Guaranteed Adequate Income

Of all the items on the formal agenda, the one that sparked most controversy in the discussion groups was Dr. Wiley's talk.

The "mixed feeling syndrome"—I am for your objectives but not your methods—which Whitney Young had referred to earlier (describing how men in the pubs of 18th Century England discussed the behavior of the American colonists) was generated in many by Wiley's militant manner and words.

"Boycott—beautiful! Disruption—no!" was one man's comment on Wiley's announcement that the Welfare Rights Organization would not only boycott Sears Roebuck & Company but would disrupt its operations.

Others reacted even more strongly and at least one man wanted his group to go on record condemning the Welfare Rights Organization as an undemocratic organization. Several felt that Wiley should not have been given an opportunity to address "a captive audience."

On the other hand, many—and they included middle-class whites as well as blacks and representatives of the interests of the disadvantaged—had highly favorable reactions. "Sometimes you have to rub people the wrong way to make them realize you are there," said one participant in defense of Wiley's militant attitude. Others described his presentation as "constructive" and his goals "desirable."

There was probably a more favorable reaction to Dr. Wiley's proposal for "a guaranteed adequate income for all Americans" than there was to his description of his organization's tactics. Many felt that some form of guaranteed income—or at least some nationwide minimum standard for welfare payments—was inevitable.

Yet the perennial hope of middle class Americans that services alone can cure poverty still lives. Some of the representatives of the interests of the disabled showed as much faith in the powers of "rehabilitation" as their 19th Century predecessors (who founded the settlement house and charity organization movements) had shown in the various services which they had prescribed.

"The poor need guidance and training;" "they don't know how to manage money;" "what we owe everybody is *hope,* not a certain amount of money;" "I am in a wheelchair, but if anyone offered me money without a chance to do something useful, I would be insulted." These were typical of the comments of those who felt that a decent living should be a reward and not an incentive.

Opposing this viewpoint were those who pointed out that hungry children are not apt learners; that youth can't get excited about learning how to be garbage collectors when their neighborhoods offer far greater financial inducements for pushing drugs; that men who have spent half the night fighting rats and the rest trying to sleep on their small share of a vermin-infested mattress, or women who are worried about children left unsupervised at home, are often unresponsive to job training opportunities.

"John Calvin's approach was, one works or goes to hell—is this still a realistic goal for our society?" one discussant asked.

Although no tallies were taken, it is probable that the majority of the participants believed that both adequate income and a broad range of services were essential if the vast majority of poor people—and not just those with exceptional motivation and talent—were to escape from poverty.

Other Proposals for Action

Woven into all of the discussions were so many sound and practical suggestions as to defy a complete listing. Many of them have been included in the topical part of this report on the discussion groups. Among those which either have not been mentioned or which were stressed with special emphasis by several groups are the following:

Post-Conference Action

If the proposals made in the discussion groups were listed in order of priority—which they are not, since most items would have a different rank to most delegates—the need for fast followup of the Conference would unquestionably top the list. Everyone agreed that, unless actions were taken locally, nationally, and by Statewide bodies, these dynamic sessions would have been held in vain and in the end it would turn out to have been "just another conference."

As a first step, conferees recognized that they had an obligation to take formal stands about issues that lie beyond their occupational and professional commitments.

Various proposals were made on ways the conferees could be a nucleus group to prod action at all levels:

People from the same community, or even the same State, who attended the Conference should get together to plan next steps or—a broader version of the same idea—should include in their group Federal officials in the area and representatives of consumer groups who did not attend. Such groups were described as "small ad hoc committees," or "forums of fellowship." But whatever the groups called them, the participants seemed to have in mind the same functions: sensitizing people to existing needs and working out strategies for carrying out Conference proposals.

A nationwide mobilization might be started, with broadly based, representative bodies at every governmental level, perhaps a new "National Commission" at the Federal level, perhaps using State Human Development agencies at the State level.

It was also recommended that the Conference activities be widely publicized—informally by the conferees immediately after the Conference and later by making all Conference materials available to the public.

Special stress was placed on making the films available so that local groups could use them to stimulate interest.

Consumer Involvement

In addition to the formal Consumer Resolution, and stress on involving consumers at all stages of a program or project, it was proposed that applications for Federal aid for projects that concern the disabled or the disadvantaged should be reviewed and approved by representatives of the target group before they are submitted for official action. According to proponents of this idea, much money is now wasted on irrevelant projects while felt needs go unmet. If reviewed by representatives of the potential consumers at the outset, before being sent to the officials at the various government levels who must approve them, the useless projects would be weeded out and the money would be channelled into services the consumers want and would use.

Financing

Block grants, rather than categorical grants, were recommended. When projects have multi-sponsorships, the rules and guidelines governing the various categorical grants that support them become so complicated that time and money are lost.

Appropriations should provide for two or more years of operation and for at least one year's notice before funds are cut off or reduced.

Funding Section 15 of the Vocational Rehabilitation Act

This legislation, enacted in 1968, authorizes a vocational evaluation and work adjustment services program for people whose handicaps are due to deprivation, but Congress has appropriated no funds for it. Conferees should ask the people back home to write to their Congressmen asking, "What happened to the appropriation to implement the evaluation and work adjustment training program for the disadvantaged?"

Protest Against Lowered Nursing Home Care Standards

Conferees also wished Congress and the Department of Health, Education, and Welfare to know of their concern about the proposal to water-down standards for nursing home care financed through the Medicaid program. Proposals for lowered standards were recently published in the Federal Register and these proposals will become regulations in 30 days unless objections are raised. Conferees were urged to take an immediate stand opposing the lowered standards.

Central Information and Technical Assistance Center

Many of those who were especially concerned about the problem of architectural barriers stressed the need for a central source of information, advice and technical assistance on environmental barriers. At present it is necessary to contact at least four Federal agencies and at least three non-governmental organizations to obtain all the essential information on this topic that is available. A central source is badly needed by legislators, equipment manufacturers, housing experts, architects, community planners, rehabilitation workers and other concerned citizens.

In addition to supplying information and technical assistance, such a Center could sponsor institutes, conferences and other types of training and educational activities that would promote the elimination of features in homes, buildings, streets and vehicles which bar the disabled from leading normal, active lives.

Spinal Cord Centers

The recommendation of the National Citizen's Advisory Committee on Vocational Rehabilitation for the creation of spinal cord injury centers was endorsed. There should be a regional system or network of spinal cord injury centers supported by Federal appropriations.

Model Cities Requirements

All Model Cities projects should be required to incorporate in their charters and operations the urgent reforms and measures discussed in this Conference. This would mean not only insuring a barrier-free environment for the disabled but also providing for multi-service centers and other service programs to encourage the development of comprehensive, coordinated, and readily accessible human services. It would also mean genuine and meaningful consumer involvement at all stages of planning, development, and operation of the Model Cities program.

Housing for the Handicapped

Special features for the disabled should be included in *all* public housing. The Departments of Health, Education, and Welfare, and Housing and Urban Development should propose legislation authorizing Federal aid to pay for alterations of existing dwellings to make them usable by the disabled. HUD should seek broader legislation to provide low cost loans for the purchase of dwellings designed for the disabled.

Other "Barriers" Proposals

In addition to housing, transportation, and the various proposals discussed earlier, it was suggested that the Cooperative Area Manpower Planning system and the State planning committees on urban design should be used as vehicles for enforcing existing statutes on barriers. Kits of material should also be developed for use by Community Action programs and by local and State government organizations in recognizing and seeking elimination of barriers. Homes, transportation, and clothing were cited as major areas where more needs to be done to help the disabled become more mobile.

Local Leadership Training Programs

There should be a concentrated effort to provide training that would help leaders of local groups to use their leadership more effectively. Almost everyone agreed that leaders are born, not made, but they can do a better job if trained in the techniques of leadership.

Needed Facilities

High on the list of most-needed facilities were more treatment centers for drug addicts and half-way houses for persons released from prisons. These half-way houses would help offenders adjust to the outside world and to find employment.

Special Funding for Programs for Spanish-Americans

Because there are problems unique to this minority group, it was suggested that a special funding program be developed.

Priority on Drug Addiction Problem

The Nation should give a very high priority to efforts to prevent drug addiction and to treat drug addicts. Law enforcement focused on the big operators and corrupt officials was stressed as was the importance of seeing that the Parent-Teachers Associations and other parent groups receive more education and information on the problem.

Plans and Reports

State rehabilitation agencies should prepare and continually up-date one-year and five-year action plans and provide annual reports of accomplishments.

Appeal Machinery

All types of service agencies should establish machinery and procedures for clients to appeal a counsellor's decisions and actions. There should be safeguards to protect the client from retaliation by the counsellor and a new counsellor should be assigned to him if he is dissatisfied with the one who is serving him.

Other Proposals for Improving Service

In addition to the stress placed on comprehensive, coordinated services involving private as well as public agencies; decentralization of services; development of referral and guidance centers; consumer involvement and other measures discussed throughout the sessions, there were recommendations for:

More emphasis on sheltered workshops.

More use of group counselling, supplemented with combined groups of the disabled and disadvantaged to seek solutions to their own problems.

More out-reach—better case-finding.

More use of the team approach.

More use of non-professionals.

A Domestic Marshall Plan

It is not enough simply to improve existing programs. A vast national mobilization of people and resources is needed to make a real impact on poverty and other social problems.

Reports And Actions Of Special Interest Groups

Reports And Actions Of Special Interest Groups

To focus attention on needs or actions that they felt had been overlooked or insufficiently emphasized, the conferees organized a number of informal meetings or caucuses at various times throughout the Conference. The results of these meetings were then reported at General Sessions, some of them at the Friday morning session after the planned agenda on "Delivery of Services"; the others at the closing luncheon session.

The Consumers' Caucus

Consumers of all types of rehabilitation services held a box-lunch meeting Thursday noon at which many people spoke up on many issues. Indicative of the wide-ranging nature of the comments were these:

"We should not let them put any more programs into the Watts area unless we know about it, are employed in it, and get just as much money as the other people they employ."

"Latin Americans are just as unique as blacks, but the blacks get all the attention. Twenty-five percent of the boys in Viet Nam are Latin Americans."

"This Conference was not needed—it was called as a substitute for action, a way to get the pressure off HEW."

"Who is here who can implement any recommendations the Conference makes?"

"They are still trying to play the blacks off against the poor whites."

"We all need each other, so let us forget our differences and work for our common good."

It was this last remark that brought the meeting into focus and resulted in the appointment of a committee to prepare the resolution on the legal rights of consumers which was presented at the final session of the Conference and unanimously adopted. (See Resolutions, page vi.)

A minority of the resolution committee, however, felt that the formal resolution did not fully express the groups' views. Consequently, at the final session and before the resolution was passed their letter of amplification was read to the conferees and approved by them. The text of this letter is as follows:

"Dear Fellow Consumers:

The Consumers' Caucus resolution is written in the vernacular of a member of the Consumer Caucus of the National Conference on the Rehabilitation of the Disabled and the Disadvantaged who is a lawyer and who was also a member of the planning committee of the Conference—Mr. Durward K. McDaniel. He succeeded for the most part in doing what he proposed to do by his motion which was to draft a resolution concerning views on the legal representation of consumers. This resolution is the result, as

he viewed it and as we, the appointed committee of the caucus, discussed it. But we, Mrs. Geraldine Smith, Financial Secretary of the National Welfare Rights Organization of Mississippi and Marie Paris, a college student caught in the breaking wheels of this educational system in the world's most famous ghetto, Harlem, U.S.A., wish to address ourselves to the consumers whom we represent. We wish to do so in clear and simple language.

"1. If this resolution states that HEW has consistently failed to recognize our *human rights* as consumers in the pre-planning stages that pertain to us, then it is correct.

"2. If it is saying that our needs as consumers should be represented as a matter of *legal right* on all levels of policy making—A to Z—in programs that are funded for our benefit, then that too is correct. For too long we as consumers have looked up to these paid public servants as untouchable gods. They are here to *serve us*. These heuristic few have the power when the needs of the consumer are presented to them to either ignore or amend the consumer's demands in such a way that the needs themselves are never met but programs after programs are being created and destined to fail.

"3. If one of the concrete results of the Conference should be a positive recommendation to Congress and HEW that legal action through national, State, and local law be enacted to grant these rights without delay—that is right! But we wish to make one change, instead of the word recommendation we in fact *demand* in no uncertain terms that Congress and the Administration and others involved grant us our legal rights without delay.

"4. If it also states that we as a caucus call upon the people of the Conference to adopt these demands as a body for legal procedures in all phases of HEW-funded services, from A to Z, by consumers and that legislation by Congress be obtained to support these rights for consumers in all HEW-funded programs and in all Federal, State and local level programs . . . then it is right.

"5. If it is further saying that on all levels, A–Z, and for the most part at the *community level,* that consumer research be done on local programs funded by HEW as part of a true search for the real consumer problems and the means of their solution, then it is right.

"6. It was understood by members of the Consumers' Caucus that the cost of running a continually effective research and communications program in our communities should be carried by HEW as part of its program planning policy. An addition was later added and accepted by vote at the general meeting that within these research programs (to be carried out and financed by HEW through the local organizations it funds) the working staff should be appointed by the community members of the organizations and by no one else (i.e., local politicians). Starting at this level will put the problems in their proper settings which are our communities. And who knows better than we, the consumers, what our problems really are? As Mr. Martin Agronsky in his address at the luncheon earlier stated, Who can understand what it is to be poor but a poor man?

"I say this is another way; in this country —America—no one should be unfortunate enough to be asked to develop an understanding of poverty. The understanding should be in the aim of its total destruction and removal from our society.

"7. Finally if this resolution, through the efforts of HEW and other resources and Congress, states that we the consumers in all seriousness "demand" that all public and private agencies serving the disabled and disadvantaged establish within their own agencies legal actions to establish *our rights* as consumers to be represented on all levels of policy making, this document can be recognized as the start of a true "democracy at work at home." And it can also be said to be representative of what we as a caucus unanimously believe to be our most urgent and pressing needs. However, it must be clearly understood by the consumers here and those who will later read this letter that we, Marie Jose Paris and Geraldine Smith, are not in the least satisfied with this piece of paper and its fancy wording. And we rest assured that we are not alone in this expressed sentiment.

"Again, dear consumers, who in effect is HEW? It is us. You and the people we represent. It exists to serve us. The real problem cannot be solved by resolutions, nor can it be solved totally by making legal demands. It can be solved only when the people and the delegated agencies who already know what the problems are, such as HEW and Congress, stop paying "lip service" to our respective needs and recognize that these needs cannot and should not be met collectively as this Conference tries to imply. Each problem has its particularities which should be handled accordingly. Only when these problems are met, one and each fully in its pertinent context, can we say that consumers' human rights and legal rights are the heartfelt concerns of HEW and other agencies. We say it is more than that: It is their duty!

"We the caucus, in writing this so called resolution personally feel it is a means of "brain picking" and pacifying the consumers on the part of the Conference planning committee. This is salving and subduing a guilt complex for neglecting a duty and an almost successful means of giving pieces of *sincere tokenism* to our respective problems by bringing us to the Nation's capital.

"This letter was written by and presented to the Conference today on Friday, June the 27th, by Marie Jose Paris of New York. The formal resolution"Consumer Caucus of the National Conference on the Rehabilitation of the Disabled and Disadvantaged"—was read to the entire Conference body by Mr. Ernest Myers. It was followed by the reading of this letter addressed to the actual consumers present. It was our wish that as consumers we were not "caught up" in the *wording* of a resolution and that we would leave the Conference knowing definitely what we, in all actuality, wanted to be our official statement and demands.

"It was on the same day voted by the Conference body and agreed that this letter go down on record as part of the formal resolution."

Reports from Spanish-Speaking Americans

Puerto Rican and Mexican-Americans expressed considerable concern throughout the Conference that more attention had not been given to the special problems of Spanish-speaking groups. Consequently, arrangements were made for their representatives to address General Sessions.

Report From the Spanish-Speaking Minority

Efrain Santiago,
Secretary of Social Services
Department of Social Services
Santurce, Puerto Rico

I want to take this opportunity to thank all of you for permitting the Spanish-American group to say a few words about what we think of this meeting. During the last three days, we have heard about the problems of the poor of this Nation. However, it seemed to us, that our attention has been focused on one particular sector of the poor of this Nation.

The Spanish people are the second largest minority group in this country. The last census showed that there are between 10 and 11 million people of Spanish descent living within the bounds of the country. If we add the Puerto Ricans that live in Puerto Rico, we will have close to 50 million people that are part of this great Nation. Therefore, we were quite surprised that the people who organized the meeting did not include more slides and movies with Spanish people and that the speakers did not give more emphasis to the problems of the Spanish-speaking minority, 85% of them American citizens. We think they should have been given a larger role as participants in the Conference. We hope that in the future more consideration will be given to our group.

We have problems in housing, we have problems of cultural differences, we have problems about the schooling that our children receive in the public schools, we have problems with the OEO programs, with the HEW programs and with all the programs that have to do with the poor. We do not come here to argue about the problems and be very vociferous about it, but rather to urge that we be given more opportunity to participate in the discussions and activities related to these problems. We want you to know that we are the second largest minority and I think that it is our right to be included in all these programs.

Among the 81 persons who served on the Planning Committee for the Conference, only 2 were of Spanish descent. We do not want to blame anybody. All we want, as I said before, is more participation. I believe that, as a group, we have to start working for our rights, not demanding, but letting the people who plan programs like this one know that we are around.

If you look into the statistics you will find out that 12% of the population of the Southwest is Spanish-American. You will find that some of the cities in Texas are 51% to 55% Spanish. You will find that, just in the three states of California, Texas and New York, there are 6 million Spanish-Americans. We want HEW to have more programs geared to the needs of this large minority group. We want a voice in the way projects are selected for Federal aid. Some of the delegates here, from different parts of the country, who are Spanish-Americans have told me of their need to know more about the OEO, HEW, Labor Department and other Federal programs. They want to know so that they can participate in these programs. In the past, we have not raised our voices about this and, as you know, Spanish people are not the type who make too much noise. We try to go along and do things the way they are supposed to be done, but I think the time has come when we must plead with the officers of the different Departments here in Washington and in the different states of the Union to give more opportunities to the people of Spanish descent to participate in the democratic process.

I referred to our schooling problems a few minutes ago. I think it is time people in the Office of Education and in the State and local systems look into this problem and try to help the millions of people who have learning difficulties that stem from their language and cultural differences. I think that in places like Texas and California and New York City a lot more could be done on behalf of the hundreds of thousands of children that have to suffer, going through school without knowing the language in which their lessons are taught. We plead with you to please look into this.

We also are asking you to let us know about the different programs in which the Spanish speaking communities can participate. I think that one of our problems is the lack of help in preparing proposals for Federally aided projects. Another is the red tape that you have to go through in order to get the money. I would like to see HEW, OEO—whatever the appropriate agency would be—give the Spanish population a grant to study the problems of Spanish-Americans all over the United States, not just in New York or California or Texas, but in every State of the Union. I have traveled in most of the States and everywhere I go I find some Puerto Ricans or some Mexicans or some other Spanish culture descendents.

When I saw the movie here the other day about the patient who had a heart attack, I wondered about the millions of people who live in this country who cannot speak English well enough to be understood by the personnel in hospitals and other service agencies and institutions. I think we should have more Spanish speaking people in these places so they can help Spanish American patients and clients. In addition to grants to study the broad problems of the American-Spanish population, we also need programs in drug addiction geared to the Spanish culture. I have studied enough psychology to know that the problem with many of these kids is a psychological problem and that the environment has a lot to do with it. I think that many of the problems related to drug addiction in this country could be solved if people who know the Spanish culture worked with these kids. In the hospitals for drug addicts which are operated by the Federal Government in Lexington, Kentucky and in Fort Worth, Texas, the staffs report that serious problems arise when they mix the Spanish people with other nationalities and with other ethnic groups. A physician connected with the program has suggested the possibility of creating a treatment facility in Puerto Rico, at least for the Puerto Ricans. I think if we did that we would be way ahead, both in terms of money and in terms of more effective treatment.

I have told the Spanish-American delegates here that I am against handouts. I think everybody has the right to work and we demand those rights. We also ask for better working conditions, better housing, better schooling, and for more participation in all the programs that affect our people. It is hard for me to say it, but there is not one single school in the whole Nation or one single university or college geared to the needs of the Spanish people. I plead with you to remember what I said earlier: that we are the second largest minority group in this country. We are here to ask, not to demand, but to ask, participation in the programing and in the planning of the programs of this Nation.

I take this opportunity too—just in case some Senators and House representatives are here—to say on behalf of the 3 million Puerto Ricans that live just a few thousand miles from the shores of this Nation and are American citizens, that I think the special ceilings on Federal funds for programs in Puerto Rico should be eliminated. They are as much citizens of this country as you and I. If you look into the statistics, 25 percent of the casualties in Vietnam are Spanish-

Americans, including Puerto Ricans. Our blood is running on behalf of this Nation and I think that we should have the same rights as other citizens. We are American citizens willing to fight for this country. We are American citizens willing to do anything on behalf of this country. We are proud to be part of this great Nation.

I personally have traveled to almost every country of the world. I have studied their political systems. I have studied their ways of living, and in no other country have I seen as many opportunities given to minority groups as are given here in the United States of America. Because we love this country, because we are part of this great Nation, because we have faith in this great country and in the people of this country and in each delegate sitting here today—these are the reasons we think we have the right to say to you and to say to the officials in Washington that we want equal opportunities to participate in the affairs of this Nation. On behalf of the Spanish-speaking delegates that are here today, I must say thank you.

Report on Mexican-Americans

Manuel Rodriguez,
Oakland New Careers

Ladies and gentlemen, I am a Mexican. I am a militant and I am angry. Therefore, you may not dig what I say, but it's summer. You dig? Summer, and the ghetto is very, very tight. The Bible says "Thou shalt not kill," but a 14-year-old black girl in Omaha was recently killed and the protest against this has already cost many millions of dollars in property damage.

I am one of the leaders of the Brown Berets. I am also trying to get with the Black Panthers, the Black Muslims. I am trying to get us together so that we quit listening to this bullshit, these beautiful words that we hear right here. We are tired of rhetoric.

One of my Mexican brothers was executed by three policemen and their defense was that he had a knife three inches long. We're tired of that too. At this Conference, I have seen a beautiful woman in a wheelchair who said: "I'm together. I have two children and I have learned to live with my handicap." Well, I haven't learned to live with mine. We, as Mexicans, have our own Watts. We have the Cinco de Mayo and the 16th of September, where we went against machine guns with machetes and we won.

This country was built on such a thing as you people getting tired of getting pushed around by the British. You got tired of getting messed around and you did your Boston Tea Party. Three weeks ago 500 of you got the hell beat out of you by the police in Berkeley. I saw it. I know you are middle class and that you don't dig what you're hearing, but I came from the ghetto and I'm going back to the ghetto. I don't want to be middle class. I don't want your women, I don't want your cars, I don't want your houses. I want an equal opportunity for my sons and my black brothers to be able to get the same advantages you have.

Coming across the United States, I looked down from the airplane and there were huge, huge areas where there were no houses, nothing. There was plenty of water and land, so we don't have to get to killing each other over it. I don't want to give this country to anybody, but you should realize that our sons and daughters are over 50 percent of this country and they have absolutely nothing to say about how it is run. They can't vote. At home you suppress them. They're sick of you.

I talked to a soldier yesterday. He was black and he had many ribbons and he told me he had been in a helicopter for a year in Vietnam. He was the only black man in a group of 30 and when they got back they shook him down to see if he had pot. He was going to Philadelphia, and I was trying somehow to tell him that not all the gringos are that bad; some of them are pretty straight, but he didn't want to hear it. You have 500,000 troops in Vietnam and most of the frontline troops are Mexicans and Negroes. You've been bullshitting that they have been fighting for a country, a flag, and equality. When they come back, you had better give it to them.

Report on Mexican-American Youth

Frank Gonzalez Woods
Director, Manzo Area Council
Young Mexican-American Association

At first I didn't want to come to Washington for this Conference because I believed it was just a conference like many other conferences, but I was persuaded to come over here and represent the youth and especially the Mexican-American youth.

America must make an effort to listen to its youth; they are crying out against the wrongs of this country. No longer can they and the poor stand the deplorable conditions around them, and no longer can those conditions be hidden. Our world moves too fast for anyone to escape detection. The question that the youths put before their parents, the question that their parents ignore is: How can I sit and have a steak dinner while someone across the table is only having a glass of water? The youths study in the school poverty, they know about poverty, yet they go home and find their parents telling them that there is no poverty.

I feel that the most forgotten youth of America are the Mexican-American youth. In proportion to the population we are the people that have the highest rate of birth and youth. In this Mexican-American youth group, we find fathers from 19 to 25 years old with an 8th grade education, with a low-paying job, with 2 to 3 kids, and yet everybody expects them to set a good example for their children. This is something that is overlooked too often. There are just too many of us in the Southwest who are going through this experience. Perhaps it is too bad that many of us are too young to go to war; otherwise perhaps we could have taken advantage of the GI Bill of Rights, veterans exemptions, veterans' hospital, and so forth. We do not have that because we come from the baby boom of the second World War.

Conditions in the Southwest have never made it possible for us to have an opportunity. They take our children out of regular classes and throw them into retarded classes not because they are retarded, but simply because they don't know how to speak English. At work we are dependable. We do go to work and yet they do not give us any insurance, sick pay, vacation or holidays. In the courts the word "justice" means just that—"just us"—because we are always convicted and found guilty by an all-white jury. All over the Southwest we have worked and we have built yet this is not recognized or taught to our children in schools. They are taught to paint sleeping Mexicans against the walls. Who was it—if not the Mexican-American—who taught the Anglo how to mine the gold fields after taking California? Who taught him to raise the cattle if not Mexican-Americans? Who told him to wear the clothes that Mexican-Americans wear out on the ranches—the ranches Mexican-Americans once owned but where they now work as farm hands? In school our children are not taught their own history. If we have made a contribution to this country, then we should know about it.

So all I can say is, beware of your youth because they are just not taking it now.

Black Caucus Position Paper

This Conference should, by resolution, declare that the problem of racism in the United States is the core issue that creates much of the problem of disadvantage among blacks and other non-whites. Racism is defined as the systematic exclusion of these people from the mainstream of society thereby preventing them entrance into policy and decision making, systems of delivery of services, and denying them a voice within the communities in which they live on matters affecting their lives. This system relegates the masses of minority peoples to the fringes of the benefits and services of this great Nation and denies them the full enjoyment of the democratic processes on which our society was founded. Black people and other minorities of this Conference demand that the Conference support the following actions:

- Promote the participation of black and other minorities on advisory committees in the agencies that deliver social and rehabilitation services;
- Encourage the establishment of neighborhood centers in areas where black and other minorities people live;
- Utilize indigenous staff in facilities and service centers in the communities which these services are designed to aid;
- Promote professional training and development of black people and other minorities in increasingly large numbers so that they can move into circles of power on the local, State, regional, national levels;
- Require that the Vocational Rehabilitation Counsellor Training program and other college and community programs for training personnel for the helping services launch a campaign to triple the current enrollment of black and minority students;
- Provide a mechanism for followup and evaluation of the programs recommended by this Conference as well as the several anti-poverty and retraining programs.
- Assure that technical assistance, consultative services be provided by representative majority group agencies wherever needed to assure success of new programs.
- Obtain Congressional appropriations of $100 million to initiate programs for the disadvantaged under Section 15 of the Vocational Rehabilitation Act of 1968;
- Assure that training programs, such as New Careers programs and others designed to develop pre-professional skills for careers and employment opportunities in rehabilitation, be developed immediately.
- And finally, that this Conference go on record in support of "A MARSHALL PLAN" TYPE PROGRAM FOR THE DISADVANTAGED OF OUR NATION; TO INCLUDE MASSIVE ALLOCATIONS OF FUNDS FOR REHABILITATION SERVICES AND TRAINING PROGRAMS IN COMMUNITIES WHERE BLACK PEOPLE AND OTHER MINORITY GROUPS LIVE: TO ASSIST IN CORRECTING THE EFFECTS OF INADEQUATE TRANSPORTATION, ARCHITECTURAL BARRIERS AND POOR HOUSING, RECREATIONAL, EDUCATIONAL AND EMPLOYMENT OPPORTUNITY FOR ALL DISADVANTAGED PEOPLE AND TO INSTITUTE A PREVENTATIVE AND EARLY REHABILITATIVE PROGRAM FOR THE EMOTIONALLY DISTURBED, SOCIALLY MALADJUSTED, DRUG AND ALCOHOL ADDICTED AND FOR THE DEVELOPMENT OF PUBLIC EDUCATION PROGRAMS IN SUPPORT OF THE ABOVE RECOMMENDATIONS.

Movement to Prevent Drug Addiction

NAT (Narcotic Addiction Turnover) is a new group with a new approach to the drug addiction problem. Those active in the movement requested an opportunity to explain to the conferees this approach and the beliefs and attitudes which underlie it. A position paper designed to accomplish this was prepared by one of the NAT leaders, Louis Elisa. Due to time limitations, Mr. Elisa was asked to summarize the paper at the closing session. The full text of the paper follows:

Position Paper on Drug Addiction

The so-called "Black Revolution" is basically this, that black people are finally dismembering the elaborate web of hoaxes that have been perpetrated upon them by this white racist society.

We've uncovered the hoax of so-called education. We now know it to be a fraud whose intent is to foster white supremacy and instill black inferiority. We've uncovered the police and found them to be a completely partisan entity, set up for the protection of the white community and the confinement of the black community. The white system of justice is the most cunning of all the hoaxes for the black masses.

If at times our people have taken violent stands against the exposed hoax, it is because the hoax itself is violent in its nature. The educational process is murder to black minds. The police need not be explained; their very nature is violence. Justice is a very special hoax. On paper, justice is America's virtue. In practice, it's America's controlling factor over the oppressed black masses.

The most vicious hoax perpetrated on black people is narcotics!

Heretofore, narcotics addiction has been presented to the public as a sickness which is an outgrowth of bad environment, poor education, bad family guidance and a want to escape one's terrible existence by entering a narcotic dream world. All these things in substance are true, but who creates and perpetrates our environment? Who supplied us with little or no education? Who destroyed our family structure? Who makes existence so unbearable that one seeks escape? And finally, who brings drugs into our community?

If the black community would take time to examine the "white drug fraud" it would and should take a violent stand against drugs.

Let us examine the differing effects that drugs have on the white and black communities.

The black community suffers the loss of its youth through physical and mental deterioration as a result of drug addiction. The black community loses financially because the only way for the junkie to exist is by stealing. The only one he steals from is the black community. He's not *allowed* to steal in the white community because he is not allowed to exist in the white community.

The white community benefits from drug traffic because all proceeds from any financial transaction end up in the white economy, (no black economy exists) and drug traffic is a very lucrative business. The existence of the junkie, and all that goes with his existence, enables the white power structure to keep an army of police in our community for our protection from the very same junkie that he created. While the police are busy protecting the black community, they manage to also control and contain us. Finally, the white community is given an opportunity to present drugs as a problem that causes other problems in the black community, while in truth, the problem in the black community is one gigantic, complicated and vicious white "con-game."

Since the white community benefits so much from the existence of drugs in our community, it is naive, if not stupid, to believe that they would do anything toward eliminating its existence. If it were found that the majority of people being killed by cars were black, do you think the white community would demand the abolishment of the automobile? Why expect anything along similar lines? If the trafficking of drugs is to be stopped, we, the black community, must stop it. Because of the enormity and complexities involved in drug traffic, it is not feasible even to attempt to stop its influx into our community. What we must do is destroy its market.

We offer no cure. No substitute. We simply ask. no, *we demand,* that all black people using drugs *stop.* We demand you kick "cold turkey." How many people have you heard of or have known to die of an overdose of drugs? It's a long, long list. Now, ask yourself this, have you ever heard of one person known to die while attempting to kick drugs? I'm sure you can't name one.

We ask the junkies to go home. There's a mother, father, sister, brother waiting. There's someone who cares, who just didn't understand.

If there's no home to go to, we ask all the black churches to open their doors. Give the junkies a bed in your basement. Just let him kick his habit. It takes only a short time.

We, the black community, have ostracized the junkie. Worse, we ostracize the ex-junkie. If we don't accept the ex-junkie back into our community, our homes, our hearts, where can he go, but from whence he came?

We must realize the junkie has been completely conned by this white fraud.

We must open his eyes again. We must let him know that we know he is the victim, not the criminal.

WE MUST SAY TO HIM "COME HOME BROTHER AND JOIN THE REVOLUTION! ! ! !

Closing Session

The Quality Of Our Mercy

Martin Agronsky
News Commentator

We are here at this National Citizens Conference on Rehabilitation of the Disabled and Disadvantaged to discuss where we are going in the field, to examine, as I know you've been examining, how we can best help those in your profession to serve the interests of the nation; to appraise how best to stimulate a basic change in the public attitude toward what must be done; and most importantly, to try to identify those factors which seem increasingly to make our more conventional past approaches toward helping people all too frequently fruitless.

In January, 1964, a man named Lyndon Johnson called for "unconditional war on proverty."

Today, as we all know, relatively little has been accomplished toward the winning of that war, while the gap between the affluent and the disadvantaged has, inexorably, grown even wider.

The trouble is that a generation of conventional, well-meaning liberal approaches to the problem of poverty has resulted in little more than the freezing of the class barriers that separate the more mobile from the ranks of the permanent poor. These wasted Americans are sometimes doomed at their very conception to lead lives of desperate and meaningless futility; worse than that, they are a drain on the economy; worse still, they are "carriers" of what you might call the plague of poverty, infecting others around them with the despair of mere existence without destiny.

Now all of us, of course, know these things. That's why you are here. But even we ourselves tend to forget the almost criminal neglect, by what is in many respects, not a Great Society, but a Cruel Society. In the politics of poverty, a Nation which can pridefully point to an unparalleled level of almost redundant affluence seems strangely unaware of the degradation of one-fifth of its population.

It isn't that we don't know where the proverty is. We will soon reach the point of no return in our cities. We all know that. It is in our cities, where soon four-fifths of our people will live, that the unemployment rolls and the welfare rolls are swollen with a class of permanently unemployable. How would you describe them? Perhaps as the human refuse of a society whose automated machinery has almost come to constitute a class of elite beings in themselves, more deserving of attention than the workers they have replaced.

Gotham has become a Gommorah—full of decay and despair.

Those poor left behind in the rural areas fare no better: in the Mississippi River Delta, for example, over fifty thousand people have no cash income whatsoever, not even a dollar a month to buy Federal food stamps to avoid starvation.

What is to be done?

Alfred Marshall, at the end of the last century, said, "The study of the causes of poverty is the study of the causes of the degradation of a large part of mankind, overworked and overtaught, weary and care-worn, without quiet and without leisure."

How much has changed since that time? Little has changed, and this, I think, is the great failure of American liberalism. We have simply failed to find the answers to the problem of rehabilitation of human beings, and we are perhaps farther from an answer now than we once were. For the fact is that the poor get less out of the welfare state than any group in America.

Our approach to the problem still reflects the pompous Puritanism of the past. We are parochial and patronizing toward the poor. Oscar Wilde commented that charity creates a multitude of sins. Institutional charity frequently compounds those sins. John Boyle O'Reilly put it well: "The organized charity, scrimped and iced, in the name of a cautious, statistical Christ."

I believe that what bugs the kids in our country and what they are uptight about is the fact that they see a violent and materialistic society which has made it more difficult, rather than less, for some to have class mobility and to rise within the system.

They see a society increasingly characterized by what Senator George McGovern has so well called "handouts for the rich."

Our curiously Puritanical prejudice against handouts for the poor contrasts strangely with the phenomena of virtually unlimited subsidies to the wealthy. Their subsidies are taken for granted, just as are the incredible tax shelters for the rich that exempt them from an equitable burden of taxation on the very monies given to them from the public exchequer.

As John Kenneth Galbraith put it and put it well, "America is the only country in the world that has socialism for the rich and capitalism for the poor."

In the same vein, Anatole France once said, "The law in its majestic equality forbids the rich as well as the poor to sleep under bridges, to beg in the streets, and to steal bread."

But yet, properly conceived and correctly administered, and this is your concern, welfare is not charity. It is rather an investment in what is economic, and not wasteful, what is orderly and not chaotic, what is creative, instead of destructive, what is healthy, instead of sick, what is fair, instead of unjust. Welfare that does not meet that test, I would submit, is far worse than no welfare at all: for it then conceals the symptoms and by concealing the symptoms enlarges the disease and eventually poisons the system of the body politic.

It seems to me that the great difficulty with some of our more unsuccessful attempts at rehabilitation is that there was little if any comprehension by the theorists of the needs or the hopes or the aspirations of the recipients. Inevitably the recipient then took a dim view of the menacing good-works that insidiously seduced them into dependence, and denied their very dignity.

It is written in First Corinthians that charity is the greatest of all virtues, greater than faith and hope. But I am not sure that the Scriptures meant the sort of charity that fails in its only justifiable purpose—that is, to enlarge the capacity of the recipient to help himself become independent. For thoughtless and indiscriminate charity not only demeans those it pretends to help, it can destroy them. It is like throwing a drowning man both ends of a rope. As John Steinbeck put it in the *Grapes of Wrath,* "If a body's ever took charity, it makes a burn that don't come out."

Maimonides once enumerated the various stages of charity, of which the last and the most meritorious was to help a man to help himself, to enable him to become self-supporting so that he will no longer have to rely upon the beneficence of others. Fortunately people like you make that possible.

People are becoming increasingly aware that there are more requirements to successful programs of human rehabilitation than money alone—but we need to learn a great deal more about the environmental factors that help to create that mysterious and elusive and wonderful quality of self-respect that must exist in an individual if he is to grow.

The former Secretary of Health, Education, and Welfare, John Gardner, remarked a while ago: "Man is in trouble. And if you are not filled with foreboding you don't understand your time."

What is the nature of this trouble? I think it lies in our national priorities. Inexorably since the end of World War II we have subordinated human values and needs to national security needs and demands. I do not advance this observation as a great discovery. It has in fact become a cliche. It has been stated so often, I guess it bores us all. But boring cliche though it may be, I would say to you that it is the central and destructive problem of our time and our society and we would ignore it at our peril.

This is what I would like to discuss with you today, how much and how tragically the obsession with national security has affected our lives and will, unless checked, affect those to come in what Emerson called "the great chain of being."

What we render unto Caesar is the hog's share of our national substance. It has disturbed the very metabolism of America.

Most importantly to you people here, the price that must be paid falls mostly within the province of those in your profession and of the people that you try to serve. The price we are paying is, by some malignant alchemy in reverse, to transmute the golden dreams and goals of those who want to build a better society into a frantic effort to produce the weapons that, if ever they are used, would destroy this society and all other societies.

Of course, the military is not the only group that has this obsessive mania for injecting an American presence into the domestic affairs of every village on the face of this planet.

We have a hard-core diplomatic establishment whose foreign service officers also have an understandable vested interest in our maintaining a virtually unlimited overseas establishment that involves us in everybody's affairs.

I am reminded of the time President Franklin Roosevelt was asked what the function of the State Department would be in time of war. "Well, I hope," said Roosevelt, "that they would stay neutral."

Eight years have gone by since President Eisenhower's famous speech, when he warned of the existence of a military-industrial complex that, as he put it, and we all know the phrase, "has the potential for a disastrous rise of misplaced power."

What's happened in the eight years since that speech? The statistics are dreadful. We have poured considerably more than $500 billion—that's half a trillion dollars, five hundred billion dollars, if you can conceive of that kind of money—down the bottomless pit of military expenditures.

Most of this money was spent with the 100 top Defense Department contractors who employ some 2,072 known—I guess it is more than that if all were to be identified—retired military officers of the rank of full colonel, or Navy captain or above to negotiate defense contracts.

What do these figures mean? What do they mean in your terms, in terms of your profession?

They mean that the cost of the ill-fated Nike X missile system, now obsolete, would pay for our entire public housing program nearly 100 times over. That's one thing they mean.

They mean that the projected $42 billion, $300 million for weapons procurement for this year, for the year 1969, is thirteen times what this Administration recommended that we appropriate to educate the 52 million school children and the nearly 8 million college students in the United States. The Congress authorized the expenditure, by the way, of $9 billion this year for education. Now, the Administration has sent to the Congress a revised budget. That budget recommended that the amount appropriated be cut to about one-third the amount authorized. That three billion dollars that's been recommended is one-fourteenth of the estimated cost of weapons for which we have made appropriations.

Senator Stephen Young placed that in an interesting perspective. The Senator noted that we have said to 60 million students, we will spend less than 10% as much for you as we spend on our weapons. Can there be any wonder that the young ask what has happened to our sense of values?

Put it another way: Two firms in this country, General Dynamics Corporation and United Aircraft, received more than $4 billion last year in defense contracts. Four billion—that is more than the entire Nixon Administration's recommended program to be spent for our 60 million students.

One contractor, Lockheed Aircraft, received in fiscal year 1968 enough defense contracts to pay for a school lunch program for one million students for 30 years.

Senator Proxmire pointed out that last year one contractor, McDonnell, received $1 billion, $100 million in contracts, at the same time that we closed two narcotics research laboratories and while the Senate Rules Committee cut the budget for the Select Committee on Nutrition and Human Needs from $250,000 to $150,000. This at a time when 10 million school children in America suffer from chronic malnutrition or hunger. This yearly budget to fight malnutrition was what we spend every two minutes in Vietman, if you want to figure it in that statistic. This is the amount some wealthy farmers receive each year for leaving their fields idle and not growing crops. While denying the additional $100,000 to this committee, we spent $70 million on the absurd civil defense boondoggle.

Former Secretary of HEW, Wilbur Cohen, testified that food stamps and other Government food assistance programs do not even reach 14 million of the Nation's 22 million poor.

Our laws require that if an aged person who receives Social Security payments earns $1,680 annually, his Social Security benefits must be reduced, but one out of 50 of our corporate farmers is now able to gross $100,000 a year or more in Federal support dollars and 680,000 taxpayers last year deducted a billion dollars of farm "losses" from their non-farm income as a tax dodge.

Senator Stuart Symington, a former Secretary of the Air Force, long an advocate of strong preparedness and never distinguished for being a pacifist, warned recently that the final costs of the thin and thick systems for the Anti-Ballistic Missile System could eventually reach $400 billion—more than the total national debt.

The payroll costs of the Pentagon are rising at a rate of about $1½ billion per year.

Senator Hartke pointed out that the notorious $2 billion cost overrun on the C5A contract is more than we spent on all public health research and other services plus the anti-poverty program combined. Figure that statistic.

So we've come a long way, baby, as they say in the cigarette commercial—a long way from the America of Jefferson and Jay, of Twain and Thoreau, of Edison and Einstein—to an America of napalm and nuclear warheads.

As the Brothers Goncourt wrote in the last century, "If man continues to uncover secrets of the Unknown which had perhaps best be left in darkness, one day the Creator may well come down and, like the old gentleman with the ring of keys in the tavern at night, say to us, 'Closing time, gentlemen.' "

I think John Kennedy put it pretty well: "The responsibility of our time is nothing less than to lead a revolution which will be peaceful if we are wise enough; human if we care enough; successful if we are fortunate enough—but a revolution which will come whether we will it or not.

"We can affect its character," Kennedy wrote, "we cannot alter its inevitability. . . . America is, after all, the land of becoming—a continent which will be in ferment as long as it is America, a land which will never cease to change and grow. We are as we act. We are the children and heirs of revolutions and we fulfill our destiny only as we advance the struggle which began [long ago] and which continues today."

Dr. Jerome Frank, a distinguished authority on the psychological aspects of war, tyranny, and other popular activities of the contemporary human race, believes that "survival today depends on reducing, controlling, channelling, and redirecting the drive for power and the impulse unto violence and fostering the countervailing drives toward fellowship and community."

Everybody sees the problem. Sees it clearly. I know there are many of us who neither like the course we are following—nor do we want to go down the bloody corridors where the kids would lead us, with the prospect of sharing with them the wreckage of a ruined society.

At any rate, I don't believe our generation will ever consent to a revolution taking place without our having a piece of the action and a voice in determining the direction we go from here. And that raises a question: How can we get a piece of the action? That is your business, uniquely.

It is citizens such as yourselves that are in the vanguard of such a revolution if it is to come—if you desire it to come. For all the students and all the dissidents on earth are not sufficient in themselves to reverse the direction of a society. Ultimately, in a democracy, the complicity of people such as yourselves is essential. It is going to be your impatience with the direction we are heading that can reverse its course. It is your fear for the future that will shape it. It is going to be your insistence that we return to some semblance of a humane society that can re-create it.

I think it would be most perilous if those of my generation sat back passively and let the kids monopolize the revolution game and get a corner on all the idealism that's going around.

Perhaps it is time for all of us, and especially people in your business, to say to both political parties "we have had enough of surtaxes upon taxes to subsidize defense industry. There must be an end to the curtailment of essential social investment here at home in order to finance corrupt oligarchies and immoral and unjust wars abroad."

Perhaps it is time the people in this country said to both political parties that the revolution we want is to re-establish such agencies as the Department of Health, Education, and Welfare as something more important than the Spanish-American War Monuments Commission.

I know we all get irritated with politicans at times.

A prominent churchman once said "I still believe in God, in spite of the clergy." Well, I still believe in democracy, in spite of the politicians.

I think the thing for us to do is to go out and do some politicking of our own.

You may remember that a delegation once called on Franklin Roosevelt when he was President in order to lobby for something or other. He saw them and said, "Well, you have persuaded me; now go out in the country and have pressure brought to bear on me so that I can do what you want." I wasn't trying to be funny with that observation. I think there is a great moral there. Very frequently there is the willingness on the part of an office holder or a policy maker to do the right thing, but what is missing is the state of public opinion that would support the action that he would like to undertake. The fact is that government needs the prods of pressure groups.

Each individual can do a lot. Many of us think we can't. Look at Ralph Nader. I think Nader has spectacularly demonstrated, acting for the most part as a one-man lobby for the interests of the public at large, what can be done by an individual. In an earlier day, if you've forgotten it, Upton Sinclair demonstrated the same thing. This is how you make things happen in a democracy.

We must act to help people who need help. That is one way we can act. But, in the course of an action, we dare never forget that we must also understand how to provide that help constructively.

I would like to ask you a question: Why is it that it seems so much easier to accomplish these ends that all of you seek in hard times than it is to accomplish them in good times? Curiously, it is particularly difficult in times of affluence to avoid being parochial and condescending in our attitudes about "helping" people. For the first time now we are finding, among those who need help, articulate spokesmen. They have spoken here at today's meeting. What they are saying is something that is terribly important. What they are saying is, *money matters,* but it does not matter as much as the *manner* in which it is made available. So it is not just good enough to alleviate hardship; one must also understand the human things and that again is uniquely your role.

I guess really what I want to say is that, finally, we must develop understanding that a man's pride matters terribly. In hard times, everybody is poor, and so the problems with identity and individual alienation are not as great. In times of great affluence, on the other hand, the successful people have a tendency, a very natural tendency to say, "I made it; why can't you?"

The fact is there is often a reason why he can't make it. He may not have the natural qualities. He may not have the acquisitive drive that enables him to make it. We are not all born equal in our capacities. The man who can not quite make it may be simply incapable of facing the kind of competition we have set up in our society. And that is another job for people like you—to make people understand that.

If a buck is not the be-all and the end-all and if we care at all about the human spirit—if we care about not only preserving a man's life but preserving his pride and integrity as well—if we care about the integrity of his character in a philosophical sense, then we have come far enough so that we understand that those who are being helped should have a feeling of being themselves involved in the helping process. And I compliment you for understanding that and I urge you to make other people understand it.

That is why we now seek to look among the poor for spokesmen. Who can better understand what it is to be poor than a poor man?

I say again—rehabilitation matters. But what matters most—and certainly you understand this—is something else. What we are really talking about in a larger context, is the rehabilitation of the human spirit. Let us deal with other human beings who are in need not on the basis of a belief that there is some fault in them that causes them to be in need, but rather that there may be something wrong with our society, that they are brought to the point of needing.

Let us relate that thought to our contemporary values, to our morality, to our ethics. For we are dealing with the materials of human stuff, and there is more to giving than the receiving of a check through the mail.

Athens in the age of Pericles—New England in the days of the Transcendentalists—Washington at the times of Jefferson and Roosevelt—these serve as reminders that greatness does not depend on size nor does size necessarily bring greatness. For the true measure of man is more than the size of his metropolises or the megatonnage of his destructive capability. I think the quality of our society—like all societies—is determined by our system of values and—what is more—by the consistency and honesty with which we make our actions congruent with the values we profess.

If you will forgive my quoting from the Bible once more, (I am not a preacher), in the Psalms it is written: "The idols of the heathen are silver and gold, the work of men's hands. They have mouths but they speak not; eyes have they, but they see not; they have ears but they hear not; neither is there any breath in their mouths. They that make them are like them; so is everyone that trusts them."

Our idols, if our civilization is to survive, must stop being the trappings of our pomp and power; our idols must once again be our ideals.

A few years back, Alistair Cooke said, "America may end in spontaneous combustion, but never in apathy, inertia, or uninventiveness." I hope he is right.

That is the nature of our challenge. And again, I say, especially to this gathering, the nature of your challenge is to invent new solutions for the age-old problems with which you deal, as well as to revive some old values, and thus get rid of some of the new problems we have produced by abandoning those values.

This is the burden of true patriots, and if we can do this, then we can certainly fulfill this dream of rehabilitating the spirit of man.

I have been pretty negative, but there are many signs that we are moving forward. Some people are like what the small boy said about the mule, "They're awfully backward about going forward."

But as Aristotle said, "Man is a political animal." I guess that just about sums up what we know about political science to this day.

Ma Joad in *The Grapes of Wrath* put it another way: "We are the people," she said. And that's really what matters. We are the people and so are the people we must help.

So I guess what really matters is hope. Perhaps what really matters more is belief—belief in man, belief in the dignity of man. Few people are dedicated to anything. You must be dedicated to at least a belief in man or you wouldn't be doing the job you are doing. A couple of thousand years ago Sophocles sat by the wine-dark Aegean Sea and wrote:

Numberless are the world's wonders,
But none more wonderful than man;
The storm-grey sea yields to his prows,
The huge crests bear him high;
Earth, holy and inexhaustible,
Is graven with shining furrows
Where his plows have gone . . .

I think all of us, and especially, I say again, the people of your profession, can usefully subscribe to those words.

Summary Of The Conference

W. Scott Allan, Co-Chairman
Conference Planning Committee

How does one summarize a happening?

This is really what we have all been experiencing during the last three days. Imperfect as some of the arrangements may have been, difficult as the time pressures have proved, limited though the opportunity for full review and discussion of major topics, there has been a major beginning toward effecting significant change in the planning, administration, delivery, and evaluation of rehabilitation services—defining that term as broadly as possible.

As some of the members in one discussion group defined it:

> "Today we are getting the first shot at a direct unfiltered *sound from the consumer.*"
>
> "This conference is a cumulative program with an urgency to do something."
>
> "We are getting a different perspective about the other fellow's problems."

It would obviously be impossible to attempt any listing of all the thoughtful comments and ideas which have come from the notes of the recorders in the discussion groups. However, there are common threads woven through the fabric of our discussions. I will attempt to comment on only a few of them.

A clear recognition of present ineffectiveness in the scope, character and organization of services to people has permeated the entire conference. Some new combination of programs aimed at the support and the rehabilitation of both the disabled and disadvantaged is vitally needed. This entails a challenge to our long-held concept that the poor can and should help themselves with only minimal recognition and support from the rest of society. The emergence of a new philosophy that adequate income, adequate housing, adequate health services are vital to a completion of the process of social and economic rehabilitation must be the basis of our future planning.

Consumer involvement at all levels is undoubtedly the greatest need and holds the greatest promise for substantial change in providing human services. Clearly indicated is the need to involve the consumer in:

a. Determining needs
b. Planning and administration of programs
c. Helping to provide services
d. Evaluation and followup.

We all recognize that this concept contains real or imaginary threats to the professional and to traditional agency organization but we are living in an age when people, regardless of education, training, or special knowledge, will have a real voice in all decisions about what is done for them.

The conference was planned on the assumption that there is a common need for rehabilitation effort aimed at both the disabled and disadvantaged. The past three days have reinforced that belief. This does not mean that there are not significant differences in the character of special interests and needs in the two groups but it does hold forth the promise that we have arrived at a time when the word *handicapped* means a disability to function fully in today's economy and society, regardless of cause. There is a wide range of services at the community level, which can substantially benefit those who are so handicapped and it is our job to see that the tremendous expansion of services, facilities, and personnel needed to provide maximum service are available to all—not just a particular disability or a particular disadvantaged group.

There is hardly a conference on any subject held within the last two decades that has not talked about and wrestled with the subject of communication. Our discussions of rehabilitation services have been no exception to the rule. You have seen in many ways during this Conference, on both an organizational and personal basis, the crying need for better communication—across the generation gap, the consumer-provider gap, the inter-agency gap, the agency-public gap, and even the gulf which often divides the public from those in the communication media. Much of our time and effort in the years ahead, frustrating though it will be, must be devoted to crossing these gaps in every possible way.

Attitudinal barriers were a focus of much of the Conference content. Surely none of us is naive enough to think that one meeting, one film, one published document, is going to create a drastic and immediate change in the attitude of people toward one another. The painful steps which we all take in this direction are often like the faltering progress of a little child. We move forward a little, we slip back, we fall down, we crash into obstacles, but somehow or other most of us move reasonably steadily toward a distant goal. In this lies our biggest hope and progress. Often it requires looking back several years and making comparisons to realize significant change in human attitude. I am sure this Conference has changed the attitudes of many in this room and the followup through many other such meetings will change more.

Certainly there has been in this Conference, as in a number of recent meetings in many fields, a new recognition of the need to take services to people where they are—in neighborhoods and in settings where human services can be rendered with a maximum of contact and physical accessibility. This concept also involves using on a much greater scale non-professional and citizen effort, whether paid or unpaid, to enlarge our capability for rendering service. The often neglected area of transportation for those who must get to places where services can be obtained or to jobs is also a part of this picture.

One further element must not be overlooked, although it did not emerge as strongly from the discussion sessions as one might have suspected it would—perhaps for the reason that it was so obviously self-evident. If we in this country are going to take on the job of planning, organizing and delivering services to almost a quarter of our population who would fall into the broadened definition of disabled and disadvantaged, it is going to call for a massive infusion of public and private funds. This means that consumers, providers and interested citizens or volunteer groups are going to have to become legislatively sophisticated and learn to exert the tremendous pressure of public opinion upon those who collect and dispense public and private funds. Only in this way can a major change be effected in the priorities and the allocations which determine, in the last analysis, the degree and character of provided services.

Let me indicate clearly that this Conference is only the beginning. I am going to throw to everyone in this room and to all who have had any part in planning for or participating in this Conference—a personal and continuing challenge. You—not someone else or some abstract agency—must carry the burden, personal and organizational, for creating change. You are the ones who can go back to your States and communities with renewed determination to get this job underway and speedily. You are the ones who can rally consumers, who can pressure legislators and other public officials, who can make changes in public and private agency administration, who can advance by several decades our skills in providing effective services to people.

We need your thinking and recommendations on how best to organize and develop a series of State or local meetings in which providers and consumers can begin to work toward common goals. Some such system of organized followup is absolutely vital to maintain the momentum and the impact of this conference.

May I close by quoting from one of our American authors whose works have become almost classics in our time? Thomas Wolfe said:

> "To every man
>   Regardless of his birth,
>   His shining golden opportunity,
> To every man
>   The right to live,
>   To work, to be himself
>   And to become whatever thing
>   His manhood and his vision.
>   Can combine to make,
> This, seeker, is the promise of America."

Post Conference Activity

Within three months after the Conference adjourned results were beginning to appear. For example:

- The Social and Rehabilitation Service of the Department of Health, Education, and Welfare had discussed with its Washington and regional staffs methods for assuring broader consumer representation in its advisory groups and in policy-making and operational activities.
- The Barbwire Theater Group (ex-convicts whose play on prison life was presented at the Conference) had been engaged by several communities to present their play at local theaters.
- Prints of the 9 films, 2 filmstrips, and 3 film-a-graphs prepared for the Conference had been made available, in limited supply, for free distribution. Arrangements had also been made for organizations to purchase prints at prices ranging from $10 to $96, depending on the specific film, for use by their affiliates.
- A U.S. Senator asked to have all of the Conference films shown at the New Senate Office Building in the fall for the benefit of other Members of Congress and their staffs.
- The National Rehabilitation Association, the Westinghouse Broadcasting Company, and numerous State and local rehabilitation agencies were on the waiting list to receive films as soon as they were ready.

These are only a few of the activities that had come to the attention of the Social and Rehabilitation Service by the fall of 1969. Undoubtedly there were many other activities—by individuals, by local, State, and national organizations, other units of Federal Government, and State and local governments—which also occurred during this period.

Plans for Future Action

The planning committee for the Conference held a final meeting in July. They were confident that everyone who had attended the meeting would want to be active in the followup. To help them get started, the planners suggested that all the delegates from one community or State meet together to form a nucleus group for planning ways of involving more people and developing specific activities. Anyone who attended might take the lead in bringing the group together, but to assure that *someone* did it, they suggested that HEW-SRS regional staffs assume responsibility for finding out if this had been done, and if it had not, take the leadership in doing so themselves.

Also discussed was the feasibility of designing models for action which could be adapted to fit State or local needs. Most members felt that such designs should be developed by people close to the scene, but if this were not done by a State or local group, regional SRS staff might do so.

The types of actions taken, of course, would depend upon the goals to be achieved. Most felt that, initially at least, it would be wise not to set one's sights too high. A first step might well be the holding of meetings similar to that of the Conference to sensitize consumers and providers of services and members of action groups to the needs, interests and problems of each other. Such understanding is basic to the development of any specific project and, as one member of the planning committee pointed out, "It took us months of working together before we developed real understanding of each other." Everyone agreed that you cannot get any action until you have created the right climate for it. The films and other Conference materials should make it easier to plan successful meetings that would begin to create such a climate.

Miss Switzer reported that, although funds available to the Social and Rehabilitation Service are extremely limited, an effort would be made to help finance some demonstration of this or any other type of followup activity that offered promise of ready and effective adaptability to the needs of all communities.

Everyone thought it important for the State Governors to be kept informed of any State-wide developments and many expressed the hope that the Governors, the representatives of State legislatures who attended the Conference, or other State people would encourage the State legislatures to show the Conference films at a joint session.

The consensus was that greater consumer involvement in the planning, development, operation, and evaluation of services was the ultimate goal of followup activities. In the last analysis, each service agency will have to do its own problem solving, but post-conference action can make agencies more aware that they have a problem of underrepresentation of consumers so that they actually do work out mechanisms for giving the consumer a louder voice and greater influence. Miss Switzer reported that the SRS is not only doing this within its own organization but is encouraging such action among the State agencies with which it works. Other Federal agencies and national voluntary organizations could do likewise with the State and local groups they serve.

Beyond influencing change within agencies, followup activities might also focus on getting requirements for consumer participation written into the laws, regulations, and policy guidelines at all governmental levels. Some Federal legislation now contains such provisions, notably Community Action and Model Cities programs. Activities might also be designed to stimulate the formation of local Consumer Councils which would be empowered to review and approve all local projects before they are submitted to State and Federal Governments for funding.

Although many felt that Statewide conferences called by Governors would be extremely helpful, there was general recognition that the community is the all-important level and that any State or Federal level activity should be gauged by how much local activity it sparks.

Several of the planners thought that one of the most effective ways participants could sell their communities on the value of consumer involvement was to arrange to bring the play, "The Cage," to a local theater. It is a powerful and living demonstration of how much is gained when consumers—in this case consumers of prison services—are constructively involved in the rehabilitation process.

All agreed that the purpose of the National Citizens Conference will have been achieved if, within the next few years, it becomes the accepted pattern for consumers and providers of services and members of the "power structure" to work jointly in developing the programs, the policies, and the operating procedures, and in making evaluations of all agencies that serve the disabled and disadvantaged.

Any type of followup activity at any level that moves toward that goal will be eminently worthwhile.

Lessons from the National Conference

One of the great advantages of regional, State, and particularly local activity, the planners felt, is that it permits large representation from consumer groups. For financial reasons, consumer representation at the National Conference was too limited. In the discussion groups, there were sometimes only one or two consumers and a dozen or more representatives of the provider and action groups. This put the consumers in the unfortunate predicament of either having to speak up on each point raised and thus risk creating the impression of trying to take too much share of the group's time, or limiting their participation and thus failing to get across the viewpoint of the groups they represented.

Another advantage of having larger consumer representation is that a better balance of the interests of the disabled and the disadvantaged groups can be achieved. Because of the relatively small consumer representation at the National Conference, discussion tended to become distorted, some groups giving greater emphasis to services related primarily to disability, others to services to the disadvantaged. The lack of balance was largely due to having more of one or another of the two types of consumers in the group.

A third major lesson learned at the National Conference from which the instigators of followup activities can profit is the importance of having key members of the "power structure," particularly legislators, deeply involved from the earliest planning stage.

Although, as one planner said, if the disabled and disadvantaged join forces they can wield such power as to force the power structure to respond, this approach has obvious disadvantages. Action stimulated by force is never as effective as action stimulated by conviction. Moreover, it would take a long time for these two groups to unite together in such numbers as to wield power of that magnitude. Far better results and much faster action can result if the so-called "change-makers" are involved at the outset.

Background on the Conference

The need for a national conference on rehabilitation of the handicapped had become quite apparent by 1966, so much so that the National Rehabilitation Association went on record at its annual conference that year as recommending it. Also in 1966, the President's Committee on Employment of the Handicapped, after a series of discussions with voluntary agencies in the rehabilitation field, made an official recommendation for such a conference. Resolutions favoring a conference were again passed by the National Rehabilitation Association at its 1967 and 1968 annual conferences.

During this period, more specific planning was started. A National Citizens Advisory Committee on Vocational Rehabilitation had been established by Congress in 1965 to study vocational rehabilitation needs and to make recommendations for meeting them. This committee was appointed by the Secretary of Health, Education, and Welfare and announced by the President early in 1966. Within a year after they began their study, the members of this committee had also reached the conclusion that a national conference was needed. Consequently, Dr. Howard A. Rusk, chairman of the committee, asked W. Scott Allan, one of the committee members, to form a subcommittee to develop preliminary plans.

The planning was carried further in October, 1967, when members of this subcommittee met with a group of members of the National Rehabilitation Association during the Association's 1967 annual conference. It was during this meeting that the general framework of the Conference was shaped.

The Nature of the Conference

Crucial decisions reached at this and subsequent meetings included:

- This should be a *citizens* Conference, with representatives from the people who need and use rehabilitation services; people who administer service programs and the professional personnel in these programs; and people who, because of their leadership positions in civic, legislative, religious, labor, industrial and other bodies have the power to get rehabilitation programs launched or improved.
- The Conference would be action-oriented—designed to stimulate community action as well as action by State and national organizations.
- The Conference would be broad in scope. It would consider not only vocational rehabilitation services but all types of services that are needed to enable people to function at their full potentials. It would consider the problems of people who are handicapped by social and economic disadvantages as well as people who are handicapped by age and by physical and mental impairments.

Planning Committee Organized

To prepare for such a Conference, it was obvious that a special planning committee was needed which would include representatives of the three types of citizen leaders who would be invited to participate. A Steering Committee was formed in the fall of 1967. W. Scott Allan, assistant vice president of the Liberty Mutual Insurance Company, and Miss Mary Switzer, Administrator of the Social and Rehabilitation Service, were named co-chairmen. When the planning committee achieved its final form in May of 1968 it comprised representatives of 64 voluntary, private, and public organizations, many of which represented consumers of social services.

Regional Meetings Held

Despite the broadly representative nature of the planning committee, its members were convinced that even more people should be involved at the early planning stages if the ultimate goal of the Conference—to stimulate meaningful action—was to be achieved.

Therefore, during the winter of 1967-1968, meetings were held in the headquarters cities of the nine regional offices of the Department of Health, Education, and Welfare. This made it possible for members of State planning groups as well as for leaders of local groups to have a voice in the building of the program and to begin to lay the groundwork for the activities that would be necessary after the Conference.

Selection of Participants

Suggestions of persons who should be invited to the Conference were given at these regional meetings and were supplemented by suggestions from all members of the planning committee. Final selection of the persons who would receive invitations was made by an invitations subcommittee of the planning committee. Due to space limitations, less than a thousand of the many proposed participants could be selected. Special financial provisions were made for those representatives of consumer groups who could not otherwise have afforded to attend.

Preparation of the Program

As the planning committee discussed the areas that would need to be covered in the Conference program, they reached the conclusion that these could be divided into five major topics: delivery of services; consumer involvement in rehabilitation; special groups with unmet needs; financing rehabilitation services; and environmental barriers and transportation.

The committee then divided into five work groups, each concentrating on one of these five major areas. In addition to preparing agenda for general sessions on these topics, the work groups selected individuals to prepare background information for the conferees and worked closely with these persons, not only guiding them on the nature of the material desired, but often making substantial contributions to the content. The material prepared for the Work Group on Special Groups with Unmet Needs appears in the Appendix of this report. The other work group materials are published as separate supplements to the report. In the development of the supplements, the work groups emphasized inclusion of the unorthodox, the provocative, which would challenge participants to think, to discuss, to question, and to develop their own innovative and creative proposals.

The work groups also assumed responsibility for the visual aids and other dramatic presentations which formed much of the Conference agenda. They worked closely with the producers, identifying projects to be filmed, securing the cooperation of key individuals and groups, and in many other ways helping to assure the production of high quality material that, after the Conference, could be widely used by organizations throughout the Nation to publicize needs and ingenious ways of meeting them.

Design of the Agenda

From the outset, the planning committee

was determined that this would not be the usual type of conference where people merely sit and listen. Formal speeches were to be kept to a minimum and the agenda would consist mainly of films, live drama, and unusual features—such as the "obstacle course" planned by the work group on environmental barriers—which could be used by other groups in other settings.

A considerable segment of time was to be allotted for conferees to meet in small discussion groups. A real effort would be made in making assignments to these groups to assure geographic representation as well as a good "mix" of consumers, providers of services, and members of organizations that have the most power to bring about change.

Evaluation of the Conference

The full report of the Conference should enable the reader to make his own evaluation of the results of this endeavor through the period which ended with the meeting of the 900 participants in Washington, from June 24 to June 27.

No real evaluation can be made, however, until action results can be measured, for the Conference itself has always been regarded by its planners as a *beginning* point for the launching of extensive action, nationwide and in every State and community.

Appendix

All of the material in this appendix was prepared at the request of the Work Group on Special Groups with Unmet Needs of the Conference Planning Committee. Members of the Work Group and the Agencies they represented are:

Chairman: E. B. Whitten, National Rehabilitation Association
Vice-Chairman: Leonard F. Smith, National Sharecroppers Fund
Ruth Brock, North American Association of Alcoholism Programs
Barry Brokaw, National Council on Crime and Delinquency
Rick Cluchey, Seventh Step Foundation
Charles Davis, Jr., National Council of State Legislative Leaders
Joseph Hunt, Rehabilitation Services Administration
Helen McGuire, American Hospital Association
Edwin Murphy, National Council of Senior Citizens
Albert Pimentel, National Association of the Deaf
J. L. Ranney, International Association of Laryngectomees
Charles Roberts, Association of Rehabilitation Centers
Dr. Joseph Schaeffer, American Hospital Association
Frederick Schreiber, National Association of the Deaf
Dr. Louis Spekter, Children's Bureau
Wilma West, Children's Bureau

(See separate supplements to this report for material prepared for the other Conference work groups.)

Selected Facts and Figures

About the Disabled and the Disadvantaged

The data presented here are highlights of some of the most recent available studies and surveys of people with problems that call for concerted action. You will note variations in findings that relate to essentially the same population groups and/or problems. These are due to differences in definitions and methodology, comprehensiveness and time periods covered. There is a lack of reliable, nationwide data because it is difficult and costly to obtain facts about the large and varied population of the United States. However, more uniform reporting by public and voluntary agencies should improve the situation.

For more information about the facts presented here consult the publications listed on pages 132 and 133. Numbers noted in the text correspond to the order in which the source publication is listed.

Section I—The Disabled

How Many? At least 22.6 million, probably over 30 million.

PUBLIC HEALTH SERVICE SURVEY (1963-1965)[1]

Total Population (all ages)	187,109,000
Total With Chronic *Activity-Limiting* Conditions	22,581,000
Condition does not affect *Major* Activity:	6,114,000
Condition affects amount or kind of *Major* Activity	12,347,000
Unable to carry on Major Activity	4,122,000

SOCIAL SECURITY SURVEY OF DISABLED ADULTS (1966)[2]

(Report No. 3)

Total Population Aged 18-64	103,058,000
Total With Work Limiting Conditions	17,753,000
*1. Some limitation on amount or kind of work	6,639,000
*2. Unable to do former job full time	5,014,000
*3. Severely disabled	6,100,000

The above figures are from the two major nationwide surveys of disability. The PHS survey found nine million persons of working age with chronic disabilities that affected their work ability; the SSA survey found almost 18 million. The SSA survey obtained information directly from the disabled person by mail and personal interview; the PHS survey took information from any member of the household who was at home when the interviewer called. The SSA survey focused on work limitations; the PHS survey covered all types of chronic conditions. Both surveys covered only the population living outside of institutions.

Who is most apt to be disabled? Older people, poor people, black people.

Ages of the Disabled	*Number of chronically disabled*	*Percent of their age group*
Children Under 17 (from PHS survey)[1]	1,431,000	2
Working Age Groups (from SSA Survey)[2]		
18-44 Years	6,562,000	10
45-54 Years	5,073,000	23
55-64 Years	6,119,000	36
Older People (from PHS survey)[1]		
65 Years and Over	8,378,000	49

* In the SSA technical reports, referred to as: 1. Secondary Work Limitation 2. Occupational 3. Severe. Hereafter in this report referred to as: 1. Moderate 2. Serious 3. Severe.

Family Incomes of the Disabled (PHS Survey)[1]

In 1965, 16% of all families had incomes of $3,000 or less; 25% had $10,000 or more. But the low income group had *4 times* as many disabled people.

	Number of Disabled
Under $3,000 per year	8,805,000
$3,000—$3,999 per year	2,333,000
$4,000—$6,999 per year	5,202,000
$7,000—$9,999 per year	2,767,000
$10,000—and over	2,249,000

Race of Disabled (SSA Survey)[2a]

Total White Population Aged 18-64 in 1966 91,961,000

	Percent
Percent with Disabilities	16
Moderate Disability	6
Serious Disability	5
Severe Disability	5

Total Non-White Population Aged 18-64 in 1966 11,124,000

	Percent
Percent with Disabilities	24
Moderate Disability	7
Serious Disability	6
Severe Disability	11

In the 55-64 year age group, more than half of the non-white group (54%) is disabled as compared to about a third of the whites of this age (34%).

What kinds of disabilities affect the most people? Heart conditions, arthritis and rheumatism.

PUBLIC HEALTH SERVICE SURVEY (1963-1965)[1]

Seven most frequent causes of activity limitation—all ages

Condition	*Percent of all disabled*
Heart	16
Arthritis and rheumatism	15

Mental and nervous	8
Impairments of back or spine	8
Hypertension (without heart involvement)	6
Impairments of lower extremities and hips	6
Visual impairments	6

SOCIAL SECURITY SURVEY (1966)[2] (Report No. 6)

Major disabling conditions—18-64 age group

Condition	*Number disabled*
Muscular-skeletal disorders	5,492,000
Cardio-vascular disorders	4,408,000
Respiratory and related disorders	1,986,000
Digestive, urogenital, endocrine disorders	2,425,000
Mental disorders	1,114,000
Nervous system disorders	922,000
Hearing and visual disorders	620,000
Neoplasms	301,000
Other and not specified conditions	487,000

The SSA survey showed that the first two categories above which include heart conditions and arthritis/rheumatism afflict about *half of all disabled people of working age.* The PHS survey showed these conditions affecting *a third of people of all ages who have activity limiting conditions.*

Where do the disabled live? Half of them live in cities: about a third of them live in the South.[1]

	Number
Living in Urban Communities (212 Standard Metrolopitan Statistical Areas)	12,560,000
Living in Smaller Communities	8,106,000
Living on Farms	1,918,000
Living in Southern States	8,171,000
Living in North Central States	6,388,000
Living in North Eastern States	4,448,000
Living in Western States	3,576,000

How does disability affect employment? Only one percent of employed men are severely disabled.[2a]

	Percent
Disabled in labor force (working or seeking work) 19% of severely; 65% of seriously; 73% of moderately disabled.	52
Employed Full Time 2% of severely; 43% of seriously; 63% of moderately disabled.	36
Employed Part Time 14% of severely; 16% of seriously; 6% of moderately disabled.	12
Unemployed 3% of severely; 5% of seriously; 4% of moderately disabled.	4

How many receive income from tax-supported programs? Less than 30% of those in working age groups.[2] (Report No. 2)

Public Income Maintenance Payments to Disabled Adults (SSA data-ages 18–64)

	Persons
Social Security (Old Age, Survivors, Disability and Health Insurance)	4,032,000
Public Assistance (Aid to Disabled, Aid to Blind)	1,079,000
Other Public Programs (Veterans benefits, compensations, etc.)	1,679,000

Altogether 5,263,000 disabled adults aged 18–64 received income maintenance from public funds in 1966. Some received payments from two programs.

How many disabled workers are rehabilitated? Over 200,000 through Federally aided State vocational rehabilitation agencies last year.[3] But this number is less than the number who become disabled each year.

Total Rehabilitations by State Vocational Rehabilitation	*Number*	*Percent*
Agencies in FY 1968	270,918	
Number reporting major disabling conditions	204,038	100.0
Blindness and other visual impairments	18,218	8.9
Deafness and other hearing impairments	12,269	6.0
Orthopedic Deformity or Impairment	39,796	19.4
Absence or Amputation of Extremities	9,790	4.8
Mental Illness	40,156	19.6
Mental Retardation	21,775	10.7
Hay fever and asthma	1,559	0.8
Diabetes mellitus	2,252	1.1
Epilepsy	3,672	1.8
Heart Disease	7,387	3.6
Circulatory conditions	3,366	1.6
Tuberculosis	3,368	1.7
Emphysema	543	0.3
Digestive system disorders	19,331	9.5
Conditions of genito-urinary system	6,537	3.2
Speech impairments	2,067	1.0
All other disabling conditions	11,952	5.9

Data on rehabilitation by other public agencies and voluntary agencies are not shown. Many of these agencies also contributed to the rehabilitation of some of the persons listed above.

Rehabilitation Projects—The Social and Rehabilitation Service is sponsoring projects in many States to demonstrate new methods of rehabilitating welfare clients and other disadvantaged people. These projects have shown that many needy persons who formerly would not have been considered good candidates for rehabilitation respond to rehabilitation services. Impressive social and economic gains have resulted.[4]

Section II–The Disadvantaged

How many Americans are poor? Over 26 million—most of them children and the aged.[5,20]

People Living Below the Poverty Line in 1967

Total	26,100,000	(1 out of every 8 Americans)
Children under 18	10,700,000	
Adults 65 and over	5,100,000	
Other Adults	10,300,000	

The SSA poverty line is based on minimum annual incomes required by different sizes of households in different types of communities. In 1967, this income ranged from $1,145 for a single member household on a farm to $5,430 for a seven plus household in a city.

Poverty Rates Among Different Types of Households in 1967[6]
(Based on SSA poverty line and including people who live alone or with non-relatives as well as family units.)

	Percent who are poor
Of all homes headed by persons 65 or over	36
Of all homes headed by persons under 65	12
Families Headed by Persons under 65[6]	
Of all families headed by a white male	5
Of all families headed by a non-white male	21
Of all families headed by a white female	25
Of all families headed by a non-white female	55

Poverty in Large Families[7]

21% of all families with six or more children had incomes of under $3,000 in 1965, but only 12% of the families with less than three children were in this low income group. Families that are both large and non-white run a double risk of poverty—76% of non-white families with five or more children live below the SSA poverty line.

Poverty of Aged Not Living with Relatives[8]

Of the 5 million aged living alone or with non-relatives in 1967:
(cumulative)

51 percent had incomes under $1,500
66 percent had incomes under $2,000
75 percent had incomes under $3,000

How many people get public assistance? In January, 1969, almost 10 million received all or part of their incomes from local-State-Federal public assistance programs:[9]

Type of Assistance	*Number of People*	*Average Monthly Payment Per Person*
Aged	2,024,000	$69.75
Blind	80,500	$93.00
Disabled	711,000	$83.50
Families with Children:		$42.90
Children	4,6[illegible],000	
Adults	1,569,000	
Others (General Ass't)	850,000	$45.25

Do most poor people work? Yes. In 1966, 84% of the men and 53% of the women of working age who headed families living below the poverty line worked at least part of the year.[5]

Work Experience of Non-Aged Heads of Poor Families

	Men Percent	*Women Percent*	
Worked All Year	51	21	(10% of the men, 5% of the women were disabled)
Worked Part Year	33	32	
Did Not Work	16	47	

Is unemployment the cause of poverty? For non-whites, whose unemployment rate reached almost 9% in the fall of 1967, it is one of the major causes—but the majority of poor families are headed by aged and disabled people and women with children.[6]

Unemployed in 1968

Total			2,817,000
		Percent	
Males Aged 16-19	427,000	12.7 for both sexes	
Females Aged 16-19	412,000		
Males 20 and over	993,000	2.2	
Females 20 and over	985,000	3.8	

Where do the poor live? [6]

	Percent
In Metropolitan areas	51
Central Cities	32
Suburbs	19
In Non-Metropolitan areas	49
Non-farm	42
Farm	7

What kind of housing do they have? Mostly substandard and overcrowded.[10]

Substandard Housing: * Metropolitan Areas:	3 million substandard units occupied by 28% of non-white households 7% of white households
Non-Metropolitan Areas:	5 million substandard units occupied by 77% of non-white households (white occupancy not reported)
Overcrowded Housing:	28% of non-white households 10% of white households

526,000 families with incomes under $4,000 lived in non-farm Federally aided rental housing in 1968. This was about 12% of all non-farm families with incomes under $4,000.

Some Problems that Poverty Intensifies

Poor Health:

Over 40% of the U.S. population is under 21.[16] Since good care early in life is the best protection against subsequent disability and illness, adequate health care for children is basic to improvement of the nation's health. Some indicators of the health deficits of poor children are:

Infant Mortality	1965 rates per 1,000 births for non-whites (about 1/3 of whom live below the poverty line) was 40.3; for whites 21.5.[7]
Premature Births	Incidence is 3 times as great among low income women as among other women. Neurological and physical disorders are 75% more frequent among premature than among full term babies.[11]

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* 1960 data. By 1966 total substandard housing was reduced to 6.7 million.

Pre-natal Care	45% of women who have babies in public hospitals have received no pre-natal care.[11]
Mental Retardation	2 million persons under 21 are mentally retarded. About 75% of them are in low income families. Pre-natal care could prevent much of the problem.[11]

For a variety of reasons, the health needs of poor children are less well met than those of other children: lack of facilities and manpower, especially in impoverished rural areas; limited funds available in both tax supported and voluntary programs; restrictive eligibility requirements for free or low cost care. The result is that few poor children receive regular medical supervision, preventive services, early diagnosis and treatment. They tend to receive medical attention only when their health problems are acute or very serious. One evidence of this is the longer time poor children stay in hospitals: the average stay for children in families with incomes under $2,000 is over 9 days, for children in families with incomes of $7,000 or over it is less than 5 days.[12]

Poor children are the least well covered by private insurance:

Hospitalized Children Under 15 Who Had Any Insurance Coverage[12]
(by Family Income)

Under $2,000	$2,000-$4,000	$4,000-$7,000	$7,000 plus
33%	59%	81%	80%

Comparison of services to children in high and low income families:

	Family Income Under $2,000	$7,000 plus
Hospitalization Utilization[12] (rate per 1,000 children)	42	68
Routine Physical Examinations[11]	16%	43%
Any Dental Care by Age 15[12]	27%	69%

Health needs of the adult poor are also neglected:

A Social Security survey of the aged in 1963 revealed that 30 percent of persons over 65 did not see a doctor in 1962 although health check-ups are especially important for older people.

Half of the elderly did not see a doctor as often as they thought they should and the percent was directly related to income:[13]

	Percent of men	*Percent of women*
Lowest Income Group	55	53
Middle Income Group	46	44
Highest Income Group	41	36

Dental care is most apt to be neglected when money is scarce and this shows up markedly among the adult poor.

Persons Over 25 Who Have Never Seen A Dentist[14]
(by income status)

Under $4,000	$4,000-$7,000	$7,000–$10,000	$10,000 and over
945,000	369,000	52,000	****

Broken Homes:

Although family breakdown occurs at all income levels, a high proportion of the children listed below are from poor families:

6 million children live with mother only
600,000 children live with father only
3 million children live with neither parent[7]

Divorces have recently involved more children: 177,000 divorces in 1953 involved children; 249,000 in 1962.[7] More children are also being born out of wedlock: 201,700 in 1957; 318,000 in 1967.[15]

Inadequate Child Care Facilities:

When there is no father in the home or when fathers earn low incomes, mothers are most apt to work. In 1967 about 12 million children under 14 had mothers who worked but there were *licensed day care facilities for less than 500,000 children.*[16]

In families where husbands earn less than $3,000, twice as many wives with preschool children work as in families where husband earns $7,000 and over.[7]

Educational Deficits:

Poor children start school with learning handicaps and continue to have them throughout their school years. By Grade 12, they are three to six grade levels behind other children in such basic subjects as arithmetic and reading.[17]

Of the million youth who drop out of school each year (2/3 of them by grade 10) 85% are from families with incomes under $7,500, 65% from families with incomes under $5,000.[18]

Drop-outs by Sex and Race Among Youth 16-21 (1966)[16]

	Percent		*Percent*
White Boys:	42	White Girls:	29
Non-White Boys:	61	Non-White Girls:	44

Lifetime Earnings by Education and Race[7]

Education	*Race*	*Expected Lifetime Earnings*
Grade School Drop-out	White	$157,000
	Non-White	95,000
Grade School Graduate	White	191,000
	Non-White	123,000
High School Drop-out	White	221,000
	Non-White	132,000
High School Graduate	White	253,000
	Non-White	151,000
College Drop-out	White	301,000
	Non-White	162,000
College Graduate	White	395,000
	Non-White	185,000
Post Graduate	White	466,000
	Non-White	246,000

Crime And Delinquency:

Youth under 18 are involved in: 48% of auto thefts, 37% of burglaries, 25% of robberies, 14% of rapes, 9% of aggravated assaults, 5% of murder and manslaughter cases. Although youth represent only 13% of the total population, they accounted for 37% of all offenses cleared by arrest in 1965.[7]

One out of every nine American children will have been referred to a juvenile court for delinquency (excluding traffic) before his 18th birthday. In low income areas, studies have shown even higher delinquency rates: as many as half of the children in such areas may become delinquent by the time they are 18.[16]

Average Daily Caseload of Correctional System (1965)[19]

Juveniles in Institutions	62,773
Juveniles under community supervision	285,431
Adult Felons in institutions	221,567
Felons under community supervision	369,897
Misdemeanants in institutions	141,303
Misdemeanants under community supervision	201,385
Total	1,282,386

The President's Commission on Law Enforcement reports: "The life histories of most offenders are case histories in the ways in which social and economic factors contribute to crime and delinquency."

SOURCES OF DATA

(Publications listed can be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402)

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* Hereafter abbreviated: DHEW

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Yardstick For Children's Services*

How does your community measure up?

Are there any services for crippled children in your community? If so, have you ever visited the agencies which provide them? Are their programs adequate to meet the needs?

How does a community go about determining the need for services for children and getting services if they are needed? There are of course many special kinds of services that cannot be duplicated in every city or even in every State, but some services are so basic to the health of growing children that they should be available to all areas of a State. For children in remote areas, there should be provision either for taking services to them or for bringing them to the place where health services exist.

Components Of a Comprehensive Program

Groups or individuals organizing community services for handicapped children need to know the elements of a sound program. It may not be possible to put all of them into effect because of limitations on funds, staffing or facilities. However, regardless of the extent or type of program undertaken, those responsible for organizing it should be aware of any short-comings and plan to put into effect the balance of services not currently provided as needs arise and circumstances permit.

The basic approach in dealing with problems of handicapped children on a community basis is pretty much the same, regardless of the type of handicap. It stresses not only the provision of basic services but also emphasizes the quality of these services and the methods by which they are carried out. Certain general components are common to comprehensive programs for children who are handicapped, regardless of diagnosis and each should be given careful consideration and appropriate emphasis in setting up community services.

Here are the most important ones:

- Prevention
- Case finding
- Direct services for children
  - Diagnostic evaluation
  - Medical and other treatment and guidance
  - Special education
  - Vocational services
  - Recreation
  - Social services
  - Public health nursing
  - Protected living environment
- Indirect services
  - Parent and community education
  - Professional training
  - Research

Factors In Program Content and Operation

Various factors may determine the content and comprehensiveness of a community program.

Community Readiness—A high quality program for handicapped children can be developed better where basic health and related services are available. Preparedness assumes the existence of at least some of the elements essential to a good program, for example:

- A good local public health program, with maternity, infant, preschool and school health services
- General hospital facilities and clinics which may be further developed as needed
- A sufficient number of qualified physicians, dentists, teachers, public health, public welfare and other personnel to provide ongoing general professional services to the community
- A public school system with the possibility of school adjustment for children with special needs
- Enough community interest in and demand for a special program so that public education and acceptance are possible
- Support of community groups and organizations, official or voluntary, with interest in the health, educational, social and vocational problems of children

Strengthening the above-listed basic services may be an early and important part of the comprehensive program.

**Prepared by the Children's Bureau, Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare.*

Facilities and Personnel—Few local communities have at hand all the professional skills and facilities needed for a comprehensive program. If they are not available, certain types of services will automatically be curtailed. The problem may be approached in several possible ways:

1. Efforts may be directed toward *strengthening* those services which, to be effective, must be organized locally, such as:
   - Prevention
   - Case finding
   - Health supervision
   - Medical and allied treatment
   - Dental care
   - Counseling or psychotherapy
   - Social work
   - Education (regular and special)
   - Recreation
2. At the same time, interest might be stimulated to assist in the development of specialized services *regionally*, to serve several communities:

   Specialized diagnosis and periodic reappraisal; Specialized medical treatment and supervision; Occupational, physical and speech therapies (consultation or supervision); Furnishing and fitting prosthetic appliances; Specialized surgery; Residential education; Vocational aid; Institutional care; Professional training; Research
3. Finally, ways of *integrating* the regional and local services into a co-ordinated comprehensive program should be developed. This may involve various activities and techniques for example:
   - Use of itinerant clinics from regional centers for isolated local areas
   - Setting up of local field training programs for professional personnel from regional centers
   - Organization of specialized training programs at regional centers for local personnel
   - Stimulation of interest of local physicians and public health personnel in participating in the specialized programs
   - Use of referral methods developed by agreement between local and regional personnel
   - Planning for periodic conferences between regional consultants and local professional workers

Legal Factors—Public programs are established by law and are necessarily subject to legal controls. In many States, legislation governing the range of activity of official programs is flexible and permissive. In some States, however, the official program for handicapped children is hampered in its development because of outmoded or excessively rigid legal requirements, such as:

- Legislative setting of fees and rates which may be so low as to prevent the use of competent available resources
- Eligibility requirements which may be so narrow as to exclude children who need and might benefit from the program
- Cumbersome commitment processes
- Court rulings on medical treatment which remove from the official agency the authority to accept a handicapped child for care and may discourage families from applying for services

Financial Support—Where available funds are limited (and this is a common problem) program emphasis and content need especially careful study and budget planning.

Funds for services for handicapped children may come from a variety of sources—voluntary agencies, local taxes, State appropriations, and Federal grants. In planning a comprehensive program of services, private resources should be considered and used wherever possible. In many instances, public funds are used for a basic program, but the use of both public and private resources may be necessary to complete, improve, coordinate or broaden activities and to extend coverage. In some States, significant portions of the total estimated sum used for handicapped children are derived from cooperating voluntary groups, such as:

- National Foundation—March of Dimes
- State Societies for Crippled Children & Adults
- Local chapters of United Cerebral Palsy, Inc.
- Rotary, Lions Club, Kiwanis & other groups.

Check your community against the chart on the following page. Does it measure up to what you want for your children?

Check-List Chart of Services

SERVICES	Health Department	Welfare Department	Education Department	Division of Vocational Rehabilitation	Voluntary Agencies (name)	Service Clubs (name)	Visiting Nurse Association	Hospitals (name)	Rehabilitation Centers	Local Physicians	Institutions (name)
Reports cases											
Maintains case records											
Gives *complete* diagnostic services											
Supplies some phase of diagnostic services											
Pediatric											
Neurologic											
Orthopedic											
Special tests (hearing, vision, psychological, laboratory, etc.)											
Supplies some phase of treatment											
Pediatric											
Surgical											
Physical therapy											
Occupational therapy											
Speech training											
Hearing rehabilitation											
Psychological guidance											
Prosthetic/orthotic											
Other											
Supplies social services											
Casework											
Financial aid											
Referral											
Vocational rehabilitation services											
Guidance											
Training											
Placement											
Home Nursing											
Other											

Acknowledgment: Material in this paper has been taken from the Book, *Services for Handicapped Children*, a publication of the American Public Health Association, 1740 Broadway, New York, N.Y. 10019. Interested persons may write that organization for copies of this helpful reference, which contains considerable detail on each of the general and specific items herein summarized. They may also wish to request a list of separate but related publications on services for children with a wide range of physical and emotional handicaps.

The Case of the Crippled Child*

His Number is Legion

Do you have a crippled child, or do you know someone who has? Chances are that you do, for the numbers of such children in the United States today are tragically high.

Although our casefinding and reporting techniques are improving all the time, an accurate count of the total number of children with handicapping conditions is still not available. The Children's Bureau does, however, have some approximate figures by type of condition—for example: nearly two million children have orthopedic handicaps, more than two million have hearing disabilities, two and one-half million have speech impairments, and plus ten million are in need of eye care. Children with other kinds of crippling conditions are smaller in number but frequently more severely handicapped—for example, the 360,000 who have epilepsy and the 400,000 with cerebral palsy.

And then there are accidents. At one time disease was the principal killer or cause of crippling in children. But that no longer is true, thanks to the ever-increasing effectiveness of modern medicines and vaccines. Today accidents are the number one threat to the life and safety of our nation's children. Each year, some 17 million—about one out of every three children—are injured. Fifteen thousand of these boys and girls die as a result of accidents, while others are maimed for life.

His Needs Are Unmet

What is the outlook for helping handicapped children to get the medical care they need? Do all enjoy the equal opportunity we have pledged to other special groups in our society?

Honest answers to both of these questions are negative. For not only must we admit that services for crippled children are still inadequate even in the biggest and wealthiest States, in some sections of our country they are not available at all to children with certain kinds of handicaps.

Reasons for these restrictions and inequities are many, but here are some of the most important:

- The increased population under age 21: 41 of every 100 people in our country today are children—and more children mean more services are needed.
- Advances in medicine, which are saving lives but creating more, and more serious, problems in treatment.
- Increasing costs of medical and hospital care: Along with everything else we buy today, health service costs, too, are rising.
- Insufficient health manpower. From the doctor to the hospital aide, and particularly in rural areas, there are not enough trained people to provide care and treatment services.

There are other reasons, not all of which are as easily understood as the foregoing, but some are even more influential factors in the seeming limitations on availability of services for crippled children. For example:

- Recent Federal legislation requiring the extension of services to all parts of every State by 1975. Some States just can't stretch their resources enough to serve all handicaps as well as all children.
- States' determination of priorities in their respective programs for children, and priorities within programs for children with certain kinds of handicapping conditions.
- Legal barriers, such as the requirement of court commitment to qualify for crippled childrens' services. Happily, this particular barrier still exists in only two of the 50 States, but there may be other legal barriers in other States.
- Lack of State and local funds for matching, resulting in loss of Federal dollars. This was a problem in only three States last year but may become more serious when Federal appropriations increase.
- The lack of specialty personnel—e.g., heart surgeons, limb-fitters and others—to provide the highly technical services needed for some conditions.

Are there any solutions to these problems? Some of the above-listed barriers to service *can* be broken down if additional efforts are exerted on behalf of children. Such

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****Prepared by the Children's Bureau, Social and Rehabilitation Service, U.S. Department of Health Education, and Welfare.***

efforts are best spent, however, at State and local levels, for it is here that barriers originate.

Every State in the nation has an agency established by law and charged with responsibility for providing services for crippled children. These laws, for reasons cited above, among others, impose restrictions on service when they define the crippling conditions eligible for service or direct the crippled childrens' agency to define them.

So here is the general picture with regard to diagnostic eligibility country-wide. All States include all children under 21 years of age who have some kind of handicap that needs orthopedic or plastic treatment. This means children with cleft lips, cleft palates, and club feet; children with deformed bones; children who have been seriously burned or badly injured in an accident; children with paralyzed muscles. All States also include in their programs children with cerebral palsy and those with congential heart disease. Nearly all include children with epilepsy, cystic fibrosis, and serious vision and hearing problems.

But what of children with diabetes, asthma, sickle cell anemia, leukemia and other handicapping conditions, and children with conditions that require costly and long-term care? In some States, children with these and related conditions are not eligible for care under the crippled children's program. These are the children for whom help is needed if each State is to exemplify in practice the broad and nonlimiting definition of a crippled child that the Federal government advocates.

He Merits Your Help

What can you do? There are several positive steps you can take to improve the situation.

First, find out what *your* State does about the case of the crippled child. Read the law, and the regulations of the agency that administers services for crippled children in your State—both are available from the address list on page 139. If you find that certain kinds of diseases and disabilities are not eligible for care under the crippled children's program, ask about the reasons for such exclusions. They might be one of those named above, or something as simple as the existence of a hospital or medical center or a private organization, such as Easter Seal or United Cerebral Palsy, providing services which the State did not feel should be duplicated. Whatever the case, this is a necessary starting point, for it is only when we know the cause and the extent of a problem that we can try to solve it.

Next, organize one or more interest groups to extend your concern and resources in the direction where help is needed. Seek out the parents of children with handicaps not served in your State and enlist their support; they will be some of your most knowledgeable and effective recruits. Get the clergy, business men, lawyers and community-action people involved. Visit agencies like the State association for retarded children or the local birth defects center and ask their help in what you can do and how to do it. (They've already been this route and they know the roads!) Talk with State and local agencies already established for working with the problems of children—for example, a State commission for children and youth. Formulate a plan for tackling the problem with something more positive than criticism, more constructive than blame. Remember that the winning of any cause requires reason, planning and action.

He Deserves a Brighter Future

In the past, there is pride—for much has already been done to rehabilitate the crippled child and enlarge the outlook for thousands whose handicaps formerly spelled a lifetime of dependence. And in the future, we have faith—for we know that the discoveries of tomorrow will free countless others and improve their outlook for a satisfying and productive life. But for the present, we must avoid both reflection on our past accomplishments and reliance on future solutions. Indeed, we must intensify our efforts to improve and extend existing services and to add new ones in the outreach to ever greater numbers of disabled and disadvantaged American children who need help.

The Case of the Crippled Child cannot be closed until we have exhausted all possibilities to secure for him the brighter future he deserves.

Will you help?

Stage agencies administering services for crippled children

Alabama: State Department of Education, Crippled Children's Services, Montgomery 36104

Alaska: State Department of Health and Welfare, Division of Public Health, Branch of Child Health, Juneau 99801

Arizona: State of Arizona Crippled Children's Services, Phoenix 85006

Arkansas: State Department of Public Welfare, Crippled Children's Division, Little Rock 72201

California: State Department of Public Health, Bureau of Crippled Children's Services, Berkeley 94704

Colorado: State Department of Public Health, Child Health Services Division, Crippled Children's Section, Denver 80220

Connecticut: State Department of Health, Crippled Children Section, Hartford 06115

Delaware: State Board of Health, Division of Crippled Children's Services, Dover 19901

District of Columbia: Department of Public Health, Bureau of Maternal and Child Health, Washington 20001

Florida: Crippled Children's Commission, Tallahassee 32304

Georgia: State Department of Public Health, Crippled Children's Services, Atlanta 30303

Guam: Department of Public Health and Welfare, Maternal and Child Health and Crippled Children's Services, Agana 96910

Hawaii: State Department of Health, Children's Health Services Division, Crippled Children Section, Honolulu 96801

Idaho: State Department of Health, Child Health Division, Crippled Children's Services, Boise 83701

Illinois: University of Illinois, Division of Services for Crippled Children, Springfield 62703

Indiana: State Department of Public Welfare, Services for Crippled Children, Indianapolis 46207

Iowa: University of Iowa, State Services for Crippled Children, Iowa City 52241

Kansas: Crippled Children's Commission, Wichita 67202

Kentucky: Commission for Handicapped Children, Louisville 40217

Louisiana: State Board of Health, Section of Crippled Children's Services, New Orleans 70160

Maine: State Department of Health and Welfare, Bureau of Health, Division of Maternal and Child Health, Augusta 04330

Maryland: State Department of Health, Division of Crippled Children and Heart Disease Control, Baltimore 21202

Massachusetts: State Department of Public Health, Division of Maternal and Child Health, Clinics for Crippled Children, Boston 02133

Michigan: State Department of Public Health, Division of Services to Handicapped Children, Lansing 48914

Minnesota: Department of Public Welfare, Crippled Children's Services, St. Paul 55101

Mississippi: State Department of Education, Crippled Children's Service, Jackson 39205

Missouri: University of Missouri, Crippled Children's Service, Columbia 65201

Montana: State Board of Health, Child Health Services Division, Crippled Children, Helena 59601

Nebraska: State Department of Public Welfare, Services for Crippled Children, Lincoln 68509

Nevada: State Department of Health and Welfare, Health Division, Crippled Children Service, Carson City 89701

New Hampshire: State Department of Health and Welfare, Division of Public Health, Maternal and Child Health and Crippled Children's Services, Concord 03301

New Jersey: State Department of Health, Division of Constructive Health, Crippled Children's Program, Trenton 08625

New Mexico: State Department of Public Health and Welfare, Crippled Children's Services, Santa Fe 87501

New York: State Department of Health, Bureau of Medical Rehabilitation, Albany 12208

North Carolina: State Board of Health, Crippled Children's Section, Raleigh 27602

North Dakota: Public Welfare Board of

North Dakota, Division for Children and Youth, Crippled Children's Services, Bismarck 58501

Ohio: State Department of Public Welfare, Division of Social Administration, Services for Crippled Children, Columbus 43215

Oklahoma: State Department of Public Welfare, Crippled Children's Unit, Oklahoma City 73105

Oregon: University of Oregon Medical School, Crippled Children's Division, Portland 97201

Pennsylvania: State Department of Health, Division of Maternal and Child Health, Crippled Children's Section, Harrisburg, 17120

Puerto Rico: Insular Department of Health, Bureau of Health, Division of Maternal and Child Health, San Juan 00908

Rhode Island: State Department of Health, Crippled Children's Division, Providence 02903

South Carolina: State Board of Health, Crippled Children's Division, Columbia 29201

South Dakota: State Department of Health, Division of Maternal and Child Health and Crippled Children's Services, Pierre 57501

Tennessee: State Department of Public Health, Crippled Children's Service, Nashville 37219

Texas: State Department of Health, Crippled Children's Service, Austin 78756

Utah: State Department of Public Health, Division of Children's Services, Crippled Children's Services, Salt Lake City 84113

Vermont: State Department of Health, Division of Handicapped Children's Services, Burlington 05402

Virginia: State Department of Health, Bureau of Crippled Children's Services, Richmond 23219

Virgin Islands: Insular Department of Health, Services for Crippled Children, Charlotte Amalie, St. Thomas 00802

Washington: State Department of Health, Crippled Children's Services, Olympia 98502

West Virginia: Department of Welfare, Division of Crippled Children's Services, Charleston 25305

Wisconsin: State Department of Public Instruction, Bureau for Handicapped Children, Crippled Children Division, Madison 53702

Wyoming: State Department of Public Health, Division of Maternal and Child Health and Crippled Children, Cheyenne 82001

Fact Sheet About Alcoholism*

Various definitions of the phenomenon of alcoholism have been formulated by knowledgeable persons and organizations but all agree in one area—the drinker is in serious continuing difficulty with himself and his associates—business, family, social—because of his excessive, repetitive, uncontrolled drinking.

Alcoholism is the No. 1 socio-medical problem in the United States, and the No. 3 health problem (exceeded only by heart diseases and cancer)—according to a 1968 estimate of the Department of Health, Education, and Welfare.

The problem of alcoholism affects over 6½ million Americans directly and the figure rises to over 20,000,000 to include their families.

Although the most visible element, skid row alcoholics constitute only a small fraction of the problem drinker population. (Estimates range from 2% to 5%)

Recent court decisions (*Driver* v. *Hinnant*, 356 F.2d 761, 4th Circuit Court of Appeals; *Easter* v. *District of Columbia*, 361 F. 2d 50) have ruled that a chronic alcoholic cannot be stamped a criminal if his drunken display is involuntary as a result of his disease. These rulings take alcoholism out of the realm of court jurisdictions and place them under that of public health.

Approximately 71% of adult Americans drink; 40% are regular drinkers. One out of every 15 drinkers is an alcoholic (estimate by Kemper Insurance Companies, Chicago).

Annual cost to industry due to alcoholism of workers is estimated at $2 billion—in terms of absenteeism, accidents, sick payments, in addition to such intangibles as loss of experienced personnel, bad decisions, damaged customer and public relations. Approximately 3% of the American work force is alcoholic. (Kemper Insurance Companies, Chicago).

"Drinking is a factor in over 50% of fatal motor vehicle accidents."—according to the National Safety Council.

How to Combat Alcoholism in the Community:

Education
Treatment
Research

Additional information about resources for alcoholics in your community may be secured from:

North American Association of
Alcoholism Programs
1130 Seventeenth Street, N.W.
Washington, D.C. 20036

National Council on Alcoholism
2 Park Avenue
New York, N.Y. 10016

Alcoholics Anonymous General Services
Offices
P.O. Box 459, Grand Central Station
New York, N.Y. 10017

Center for Prevention and Control
of Alcholism
National Institute of Mental Health
U.S. Department of Health, Education,
and Welfare
5454 Wisconsin Avenue
Chevy Chase, Maryland 20015

******Prepared by North American Association of Alcoholism Programs.*

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